

The Commanding Officer, Naval Hospital, Orlando, Florida requests the pleasure of your company at the Change of Command Ceremony at which

CAPTAIN GEORGE W. TAYLOR, JR., MEDICAL CORPS, U. S. NAVY will be relieved by

CAPTAIN ALTON L. POWELL, III, MEDICAL CORPS, U.S. NAVY
on Friday, the Eighth of August
at two o'clock in the afternoon
Naval Hospital, Orlando, Florida

Reception immediately following on the lawn adjacent to Building 3000

R.S.V.P. Card enclosed Dress White, Tropical White Long or appropriate civilian attire



#### **CHANGE OF COMMAND**



NAVAL HOSPITAL ORLANDO, FLORIDA

FRIDAY 8 AUGUST 1975 AT TWO O'CLOCK





The Commanding Officer, Naval Hospit requests the pleasure of your at the Change of Command ( at which

CAPTAIN GEORGE W. TAYLOR, JR., MEDIC will be relieved by

CAPTAIN ALTON L. POWELL, III, MEDICA on Friday, the Eighth of A at two o'clock in the after Naval Hospital, Orlando, F

Reception immediately following on to Building 3000 R.S.V.P. Dress Wh

Card enclosed

#### **COMMAND MISSION**

To provide general clinical and hospitalization services for active duty Navy and Marine Corps personnel, active duty members of the other armed services, dependents of active duty personnel, and other authorized persons as outlined in current directives. To participate as an integral element of the Naval Regional Health Care System. To cooperate with military and civil authorities in matters pertaining to health, sanitation, local disasters and other emer-

#### **CHRONOLOGY OF COMMANDING OFFICERS**

1 July 1968 - 9 July 1970 CAPTAIN WILLIAM G. LAWSON, MC, USN

9 July 1970 — 8 Aug 1975

CAPTAIN GEORGE W. TAYLOR, JR., MC, USN

8 Aug 1975 CAPTAIN ALTON L. POWELL, III, MC, USN

#### **PROGRAM**

ARRIVAL OF OFFICIAL PARTY

NATIONAL ANTHEM ..... NAVY BAND

INVOCATION

Lieutenant Commander Paul J. EVERTS, CHC, USN

PERSONNEL INSPECTION ..... COMMANDING OFFICER

REMARKS AND COMMAND ORDERS

Captain George W. TAYLOR, Jr., MC, USN

REMARKS AND COMMAND ORDERS

Captain Alton L. POWELL, III, MC, USN

BENEDICTION

Lieutenant Commander Paul J. EVERTS, CHC, USN

RECEPTION ..... On lawn adjacent to Building 3000

Music by the Naval Training Center Band







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#### CAPTAIN GEORGE W. TAYLOR, JR. Medical Corps, U. S. Navy



George Winston Taylor, Jr., was born in Mooresville, North Carolina on 10 March 1920. He attended Woodberry Forest School from 1933 to 1937, and received his Bachelor of Science Degree from Davison College in 1941. He was appointed Ensign HV(P) in 1942. He received his Doctor of Medicine Degree from the University of Pennsylvania in 1944 and was appointed Lieutenant (junior grade), Medical Corps, in 1945.

Doctor Taylor served as a Medical Officer in USS ANZIO from 1945 to 1946, and was released to inactive duty. He served his internship at Graduate Hospital. University of Pennsylvania, his residency in Otolaryngology at the Hospital.

pital, University of Pennsylvania, his residency in Otolaryngology at the Hospital, University of Pennsylvania from 1947 to 1950, and was certified by the

pital, University of Pennsylvania from 1947 to 1950, and was certified by the American Board of Otolaryngology in 1951.

Doctor Taylor was recalled to active duty in 1952 and served as the Chief of Otolaryngology Service at Naval Hospital, Great Lakes, Illinois from 1952 to 1953 and at the Naval Hospital, San Diego, California from 1954 to 1956. He served as Chief of Otolaryngology Service at Naval Hospital, National Naval Medical Center, Bethesda, Maryland from 1956 to 1970, where he was promoted to the grade of Captain, Medical Corps, on 1 July 1959. Captain Taylor was assigned additional duty at the Naval Hospital, Bethesda, Maryland as the Director of Clinical Services (Executive Officer) from 1969 to 1970. Since 9 July 1970 Captain Taylor has been Commanding Officer, Naval Hospital, Orlando. Captain Taylor is Diplomate of American Board of Otolaryngology, a Fellow of American Academy of Otolaryngologists, and a member of the American Medical Association, the Philadelphia County Medical Society, the Society of Military Otolaryngologists, and the American Council of Otolaryngologists. He has had many articles on scientific matters published, largely concerning surgery for deafness.

Captain Taylor is entitled to the American Theater Medal, Asiatic-Pacific Theater Campaign Medals, World War II Victory Medal, the Occupation Service Medal, China Service Medal, and National Defense Service Medal. Captain Taylor is married to the former Ann Louise Winkler of San Fran-

#### ALTON L. POWELL, III Captain, Medical Corps, United States Navy



Captain Alton L. Powell, III was born in Richmond, Virginia, on 17 October 1928. After completing high school, he entered the Citadel, where he completed two years of study, and then he transferred to the University of Virginia, obtaining a Bachelor of Arts Degree in 1950. Continuing his education, he received his Doctor of Medicine degree at the Medical College of Virginia in 1954. He served his internship from 1 July 1954 to 30 June 1955 at the Winchester Memorial Hospital, Winchester, Virginia. He then spent three years of residency in Obstetrics-Gynecology at the Medical College of Virginia, Richmond, Virginia.

Richmond, Virginia.

Doctor Powell entered the U. S. Navy in July 1958 and reported to the Station Hospital, U. S. Naval Air Station, Patuxent River, Maryland. He later served as Chief of Obstetrics and Gynecology and Assistant Medical Officer at the Station Hospital, Naval Air Station, Port Lyautey, Kenitra, Morocco until 1963. After completing a three year tour of duty at the Naval Hospital, Portsmouth, Virginia, he reported to the Naval Hospital, Beaufort, South Carolina as Executive Officer, and Chief of Obstetrics and Gynecology. Since July 1973, Captain Powell has served as Deputy Commanding Officer, and Director of Clinical Services at the Naval Regional Medical Center, Jackson-ville, Florida.

Captain Powell was certified by the American Board of Obstetrics and Gynecology in 1965. He is a member of the American Medical Association, and a Fellow of the American College of Obstetrics and Gynecology.

Captain Powell is married to the former Betty Wilke of Richmond, Virginia. They have a daughter, Elizabeth and two sons, Richard and Jeffrey.

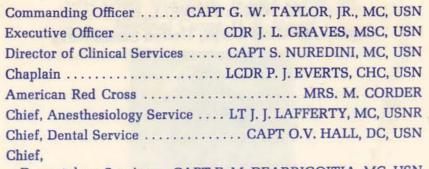






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Dermatology Service . . CAPT E. M. DEARRIGOITIA, MC, USN Chief, Family

Practice Service . . . . . LCDR G. R. JOHNSTON, MC, USN Chief, Ophthalmology Service . CAPT H. W. WILHELM, MC, USN Chief, Laboratory Service ..... LCDR R. E. OCHIA, MC, USNR Chief, Medical Service . . . . . . . . . CDR J. P. SMITH, MC, USN Chief, Neuropsychiatry Service . . LCDR P. T. MALONE, MC, USN Chief, Obstetrics and

Gynecology Service ..... CAPT W. J. SCHEFSTED, MC, USN Chief, Orthopedic Service . . . . . CDR M. MAGINNIS, MC, USNR

Otolaryngology Service ... CAPT J. F. EASTERLING, MC, USN Chief, Pediatric Service . . . CDR R. E. VILLADIEGO, MC, USNR Chief, Pharmacy Service . . LT R. A. CHRISTIANSEN, MSC, USN Chief, Radiology Service ...... LCDR D. L. RANKIN, MC, USN Chief, Recruit Dispensary Service . . CAPT G. W. LOTZ, MC, USN Chief, Surgical Service ...... CAPT S. NUREDINI, MC, USN Chief, Urology Service ..... LCDR K. J. O'CONNELL, MC, USN Chief, Personnel Service . . . LT C. A. ARMSTRONG, MSC, USN Chief, Patient

Affairs Service . . . . . LT K. E. SCHWEINFURTH, MSC, USN Chief, Fiscal and Supply Service . . ENS J. R. ROBSON, MSC, USN Chief, Food Service ..... LT E. H. MANLEY, MSC, USN

Management Service . . . . LCDR E. R. CHRISTIAN, MSC, USN















Captain G. W. Taylor, Jr., MC, USN, retires from active duty on 31 Oct 1975. Captain Powell presents retirement letter.



Captain Taylor is piped over the side following retirement ceremony on 31 Oct 1975.

# Sound room, recreational equipment featured in hospital BEQ lounge



A guest of a hospital BEQ resident relaxes in the new lounge.

One hundred residents of Hospital Bachelor Enlisted Quarters are enjoying a new lounge, which opened officially Oct. 15.

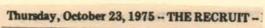
The consolidated lounge for all five Hospital BEQs replaces individual lounges in each BEQ. It has a wall-mounted color television, pool tables, card tables and other recreational equipment.

The outstanding feature of the new lounge is a sound room. The fully carpeted room has an eight-track, cassette and reel to reel tape players, AM-FM radio, turntable and headsets. It has been sound-proofed so the noise in the regular recreation area will not interfere with music played in the sound room.

As part of a self-help effort, BEQ residents painted the walls. All new furnishings have been put in the lounge.

"This lounge is much nicer than the old individual lounges," HMC Ronald White, chief Master at Arms, said. "The building was just sitting there and BEQ residents didn't have anything to do for entertainment."

The building was the old blood donor center, which has moved to the Recruit Dispensary. The lounges that were vacated when the consolidated lounge opened were converted into BEQ rooms, giving more useable space in each BEQ.





MM1 Robert Kirkpatrick, right, hands a cassette to HM3 Kenneth Mitchell. MM1 Kirkpatrick is BEQ manager and HM3 Mitchell is his assistant.

# Naval Hospital offering Phase II training for physician's assistants

The Naval Hospital Orlando began training physician's assistants on August 1. Three students are now on board to receive practical training and experience in health care.

Physician's assistants are among the newest members of the Navy's health care team. They will eventually assume many of the duties performed by the physician and will help the Navy meet its needs for health care personnel.

"The shortage of physicians is going to continue for some time. The only way we see to solve it is to use physician extenders. Physician assistants will help us to utilize the skills of physicians more completely," CDR J. L. Graves, Executive Officer at the hospital, said.

The training for the physician's assistant is divided into two phases. The first year is spent at the School of Health Care Sciences, Sheppard AFB, Texas. There he receives extensive training in basic medical sciences, as well as the principles of clinical medicine and patient evaluation.

The second phase is a year of experience in patient

evaluation under the supervision of Navy doctors. The physician's assistant will rotate through the departments in the hospital, learning about each one. Three students arrived at the hospital August 1 to begin the second phase of their training. In three months, three more students will arrive and more students will continue to arrive each quarter.

Three fully trained assistants are scheduled to arrive for duty at the hospital in December. More will probably be assigned here in the future. Presently, CWO1 Charles Macmillian, a physician's assistant, works at Recruit Dispensary.

"These are trained personnel who can back up the physicians and help us provide better care," CDR Graves said.

Upon completion of the program, most P.A.'s qualify for a Bachelor of Science degree from the University of Nebraska. CDR Joseph P. Smyth, Chief of Medicine at the hospital, is the Phase II director here. He has been appointed to the faculty of the Nebraska College of Medicine as part of the program.



HN Michael Cox adjusts the stereo in the sound room.

#### Services not affected

# Hospital to be renamed as Naval Regional Medical Center

The Naval Hospital, commissioned in 1968, will be renamed the Naval Regional Medical Center, Orlando, Florida around Nov. 1.

The Medical Center will continue to operate two satellite facilities, although their names will also change. The Recruit Dispensary, a 150 with extensive outpatient capabil renamed NTC Branch Clinic, NRI

The medical facility at McCoy wil Asp Family Practice Clinic, McCoy Ar Orlando, Florida.

Asp 28, for Florid

Orlando, Florida.

The Naval Hospital, Orlando Medica established on July 1, 1972 with one sate however, the name was not changed. propriately identify functions performe the activity will be changed and the mistocoincide with the mission assigned medical centers.

Florid Noven You Building office, Hibisc FSC availa

Other changes that will take place as a me Noo.

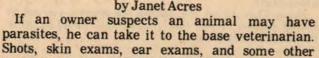
name change will be organizational titles, such as the commanding officer's office. Under regionalization, the commanding officer's office will include the director of clinical services and the

director of administrative services. The traditional titles, such as executive officer or administrative officer will no longer apply

officer, will no longer apply.

All changes will be administrative in nature and will in no way interrupt clinical care delivery.

examines her.



treatments also are handled by the Veterinary However, care of animals is only a small part of

the work the veterinarian does. Captain William C. Weiland, USAF, is responsible for insuring that all food procured at Navy Orlando is wholesome and of good quality. Dr. Weiland arrived here in September.

Weekly clinics are held at the Veterinary Service for treatment of animals having diseases people may contract. These infections, referred to as zoonotic diseases, include ringworm, hookworm, leptospirosis and 180 other diseases.

If an owner suspects his pet has one of these infections, he should call ext. 4613 or 5193 to make an appointment. The clinic is held from 1:15 to 3:15 each

Thursday is shot day at the clinic and between 50 and 70 animals are given immunizations against rabies, distemper, hepatitis and other diseases. Again, owners must call for appointments, which are taken beginning Monday morning at 8 a.m.

All active duty and retired personnel are eligible to use the clinic. Also, persons living in base housing

can have their animal neutered at the clinic. However, there is a waiting list of about six months for this service.

#### FOOD INSPECTIONS PART OF JOB

A large percentage of Dr. Weiland's time is spent supervising the food inspection program for all the facilities that sell food on NTC. These include the Commissary Store, Convenience Store, clubs, galleys and Navy Exchange facilities.

When a shipment of food arrives here, it has usually been inspected once. The veterinary service checks it again to insure that it meets quality and wholesomeness standards.

Another responsibility of the service is to make sanitary inspections of facilities off base that supply food to be sold on base. For example, bacterial samplings are made of milk. Also, establishments which are located in this area and ship food to bases in other areas are inspected.

Senior Master Sergeant James Boone, USAF, is the noncommissioned officer in charge at the office. Technical Sergeant John Rainey and Sergeant Michael Trosko are food inspectors and veterinary assistants at NTC. At the Commissary Store, Master Sergeant Francis LaPierre and Master Sergeant Donald Schehr handle food inspections. Mrs. Betty Foland is the secretary at the office.



Dan Dola holds Ming Toy, who is not too happy with the idea of visiting the vet and getting shots.



Martha Radford gets a kiss from Muffin, who was in for shots.



Dr. Weiland examines Merphy for a skin condition. Merphy belongs to BM2 and Mrs. Phillip Floria.

## Nov 13, 1975 Acute minor illness clinic to open

Concurrent with the closing of the General Outpatient Walk-in Clinic in June of 1975, the hospital implemented a direct specialty clinic appointment system. The direct specialty clinic appointment system permits patients that require routine treatment for chronic conditions to make appointments in the appropriate specialty clinic for

Technical Sergeant John Rainey checks a specimen under the microscope. He is a veterinary

assistant and a food inspector.

treatment and follow-up by a specialist Effective immediately, the Naval Regional

Medical Center will operate an Acute Minor Care Clinic in the general outpatient building of the hospital. The Acute Minor Care Clinic will provide primary medical treatment for patients with illnesses of an acute nature and sudden onset.

The Acute Minor Care Clinic is not a general outpatient walk-in clinic. There is neither sufficient space, nor adequate numbers of personnel assigned

to permit this clinic to operate as such. The clinic is operated only to provide primary health care to eligible members suffering from illnesses or injuries of such an acute nature that waiting for a routine appointment in a specialty clinic could cause adverse medical consequences.

All eligible beneficiaries are authorized to receive care in this clinic except active duty personnel and members of the Family Practice Service.

#### Health nurse can be reached at ext. 5482

The Occupational Health Nurse, Dorothy Smith, can be reached on ext. 5482. Her office is located on the second deck of the NTC Branch Clinic.

Mrs. Smith handles checks of employees returning to work after seven days or more of sick leave. She also helps perform pre-employment and pre-placements physicals, as well as periodic physicals for personnel engaged in hazardous

Employees who sustain minor injuries on the job can get treatment at the Occupational Health Service. If the injury requires major treatment, the employee should go directly to the Emergency Room at the hospital as in the past.

4 Dec 75



# Retiree praises hospital personnel for doing an outstanding job

Dear Editor:

People like to read about their outfit going overthe-top in the Combined Federal Campaign or winning the first place trophy in intramural football, basketball, tennis, bowling, etc. Well, so do I, but I would like to recognize another part of the Navy Training Center that does an outstanding job and very, very seldom do they ever get any credit. I am talking about the personnel of the Naval Regional Medical Center. We say that is their job; well, so it is, but there is a lot more to it than that.

No, the doctors, nurses and corpsmen did not score a touchdown, a basket or a strike, but during my 27day stay, the doctors did perform three operations on me and they were successfully performed in a professional and outstanding manner.

Post operative care by the nurses and corpsmen was conscientiously performed in an efficient and outstanding manner. Their cheerfulness while performing their duties was instrumental in my recuperation as well as the recuperation of all the patients in their care.

I WOULD LIKE to start with the Surgical Clinic and commend the surgeon who performed my first operation, Captain J. S. Myers. Assistants in the Surgical Clinic who also do a splendid job are Miss Tryon, HN Will Eric Miller and HN Muriel V.

While I was in Ward II the following personnel gave me their expert recuperative attention: LCDR Mary Brayman, LCDR Eleanor Dodson, LTJG Cathy Boerner, LTJG Penelope Crookshank, ENS Melissa Toler, RN Angeline Darby, RN McCowen, HM3 Brian Alford, HA Greg Clouthier, HN Richard East, HA Steve Foster, HM3 Denise Fritz, HM3 Ishmus Hill, HN Charles McCaffery, HN Gerald Moon, HN Tom Sedberry, HA Robert Spindle and HN Mark Wilkinson.

My second operation was performed by LCDR Kevin J. O'Connell, Urologist. Dr. O'Connell deserves great credit, not only for his outstanding and

professional ability in the operating room but also for his stamina and devotion to his patients and the Medical Corps. Dr. O'Connell was the only Urologist at the time I am referring to but that never stopped him; when he wasn't in the operating room, he was in the ward visiting his patients morning, noon and evening, seven days a week. HM1 Tom Mooningham from the urology clinic is another technician whose services greatly aided in my recovery.

PERSONNEL OF THE Intensive Care Unit, Ward 7, really performed in a professional and outstanding manner nursing me through 21/2 days while I was on the serious list. They were LT Georgene Leiter, LT Rita Wolfe, LTJG Alana M. Benton, LTJG Judy Tucker, ENS Judy Logeman, HM3 George Cahoon, HM3 Carlos Martinez, HM3 Barb Shippy, HN Ron Coleman, HN Norman Klar, HN Don Troy, HN Jerry Yarnish, Mrs. A. Bell, Mr. Roy Richardson, LPN; and Mrs. Pauline Woods, LPN.

The Intermittent Positive Pressure Breathing Machine (IPPB) was successful in keeping my lungs open and free from congestion. The following technicians were responsible for scheduling and administering my treatments: HM3 Linda Patterson, HN Steven Remey, HN Linda Schmidt and HA Tony Crouse.

My third surgery was performed by LCDR G. A. Orangio and with the same degree of professionalism as was shown in the previous operations.

One more person I'd like to mention is the anesthetist: LCDR Barbara Hvizdo. She does her job in a super but gentle way.

I am sure all the personnel of the Navy Hospital perform their jobs in the same manner as those I mentioned above. Such whole-hearted effort greatly contributes to the effectiveness of all in building a better Navy and a better world to live in. I want to thank each and every one of the above mentioned personnel publicly.

Harry T. O'Conner Master Sergeant, USAF

Wednesday, November 26, 1975 -- THE RECRUIT -

#### Wasylik defends tennis crown

Mike Wasylik successfully defended his tennis singles crown at the Naval Regional Medical Center recently.

He had a 6-4, 6-3 win over his doubles partner, Paul Everts. Barry Hartfield took place honors by third defeating Danny Beech 4-6, 6-1, 6-1.

## Naval Center Clinic Bill In Ford's Hands

By DAVID WILKENING

WASHINGTON - A military construction bill now before President Ford authorizes almost \$3 million for a 28-chair dental clinic and warehouse for the Orlando Naval Training Center.

Expected to boost the area's sagging construction industry approved, the measure is part of a \$3.9 billion military construction bill passed this week by the House and Senate. The compromise measure is \$524 million below the White House budget estimate submitted last January.

THE CUTBACK is the largest in any appropriations bill to come before Congress this year, Senate Democratic Leader Mike Mansfield of Montana said.

Still pending is a 104-bed hospital to enlarge the present Orlando training center facility. The hospital was mentioned in testimony before appropriations committees, but the Navy is not expected to request the facility for this fiscal

The Navy estimates the present 223-bed Orlando hospital will handle almost 200,000 clinic patients this year. That number will rise to almost 300,000 by 1980, the

Under the Navy's tentative plan, the 104 added beds would be built

AN ESTIMATED \$30 million would be spent in construction at the Orlando facility over the next four years, if present Navy plans are all approved by Congress.

Critics say the proposed hospital enlargement will not meet the needs of the area's estimated 100,000 retired military persons and dependents.

Department of Defense guidelines, however, stipulate that Navy hospitals be used primarily for active duty personnel with retirees and dependents served only on a space-available basis.

REP. LOUIS FREY JR., R-Winter Park, however, is urging legislation to provide more spaces for retirees and depen-

"Department of Defense regulations generally require that only 5 per cent of the space at military facilities be dedicated to the health care of retirees," Frey



Captain Alton Powell, CO of NRMC, presents trophies to Mike Wasylik, Paul Everts, Barry Hartfield and Danny

#### Appointment system Nov. 13 changed by **OB-GYN Clinic**

Effective Nov. 14, the Naval Regional Medical Center will take all OB-GYN appointments out of the clinic and put them in the Central Appointment

All eligible beneficiaries who need routine OB-GYN appointments may call the Central Appointment System, 646-5665. Appointments for Pap smears will be made on a space available basis one week in advance.

This new system should eliminate completely the need of everyone calling the hospital on the first Thursday of each month as was necessary in the past. The hospital hopes that this action will relieve the frustrations experienced by many people dialing the clinic for an appointment and getting busy signals. Patients can now make a call anytime during the week for an appointment.

Patients who live out of town and need appointments are strongly advised to write in for the appointment rather than call. The Central Appointment System cannot accept long distance calls.



The Naval Regional Medical Center **Orlando** Salutes



The Recruit

Vol. 8, No. 22

Serving Navy Orlando

December 4, 1975

# **Funds voted** for clinic, warehouse

Congress has approved funding for a hospital warehouse, dental clinic and renovations of the Naval Regional Medical Center Branch Clinic. The \$2.9 million dollar bill was signed by President Ford last week.

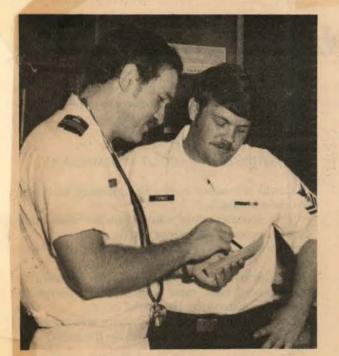
The \$2.2 million dental clinic will be constructed in the front of the NTC Command building on Kumquat Street and will consist of approximately 26 operatories. The dental staff now located at the hospital will move to this new dental clinic when it is completed. Only two dental operatories will remain at the hospital. The new dental clinic will support the entire NTC complex except recruits. Recruits will continue to receive their dental care at the recruit dental facility. The contract for the dental clinic probably will be let next spring and completion will take approximately one year after construction begins.

Construction of the \$500,000 hospital warehouse is believed to be a prelude to construction of a new hospital. Plans for the new hospital will be submitted to Congress this year for approval and next year for appropriations.

The new warehouse will streamline the hospital supply operations since all supplies can be consolidated into one location. Presently, they are spread out among several old buildings.

Alterations to the NTC Branch Clinic will cost \$150,000 and will convert the second deck of the building into outpatient service. These changes will probably be completed about three months after a contract is let.

The remaining \$50,000 appropriation will be used for demolition of the old warehouse buildings that presently exist on the hospital compound. The land where they now stand will become the site of



- THE RECRUIT - Thursday, December 11, 1975

Dr. Johnston discusses lab results with HM2 Curtis

## Family Practice Clinic gives care similar to doctor in small town

The Family Practice Clinic concept is very similar to having a family doctor in a small

A relatively new program for families in the Navy, pilot program was implemented at the Naval Regional Medical Center two years ago. Active duty families now belong to clinics at either Navy Annex, McCoy or the Naval Hospital.

Dr. Glenn Johnston, Chief of the Family Practice Service, says Navy facilities are much happier with the program than with the General Outpatient Service. Each family has its own doctor that family members see whenever they need checkups or medical treatment. Under the General Outpatient Service they saw different doctors each time they came in for treatment.

The system cuts down on the number of visits

because the doctor can educate the patient in total health care. It allows the doctor to become more familiar with individual families and their medical histories. Of course, patients are referred to specialty clinics where necessary.

The doctors who provide care at McCoy in addition to Dr. Johnston are Dr. Bill Davis and Dr. Mike Lewis. The doctors at the Hospital are Dr. Gary Gillespie, Dr. David Hawk and Dr. Robert Ley. A family practice nurse practioner work fulltime at each clinic. Also, a pediatric nurse practitioner visits McCoy one-half day each week. Other support personnel, such as lab technicians, pharmacy technicians and office personnel also work at the clinics.

The idea is to have a complete health care unit at each of the two locations. When necessary, patients are admitted to the Hospital as an inpatient, and the doctors from McCoy make rounds there daily.

Part of the concept is to provide 24-hour care to members of the clinic. When an acute problem comes up after 4:30 p.m. weekdays or on weekends and holidays, members can call the hospital at 646-4313 and a Family Practice doctor will call to determine how to handle the problem.

The doctors encourage some members to come in for yearly physicals. The idea is to practice preventive medicine whenever possible.

Persons needing appointments should call 855-2331 or 855-2333. Appointments cannot be made in person. If a member has a problem that needs immediate attention and no appointments are available, he should leave his name and number for the doctor to call. In this way the doctor can talk to the patient about the problem and determine the course of action to take.

Currently, the Family Practice Clinic is not accepting new members except active duty families just arriving into the area.



HM1 Gus Quinones fills a prescription for a member of the clinic.

Sentinel Star

Thursday, Dec. 18, 1975

Officer Says Navy Hospital Can Do More

tic the new structure will remain The Pentagon also may delay in the budget, said Wednesday he until 1978 - one year - construcbelieves the present or the new tion of the 104-bed hospital structure could handle any re- planned to replace the 223-bed, cruit expansion, including absorb- obsolete faility at Orlando.

An Orlando Naval Training the two remaining centers at Sick bay for recruits, an inte-Center Hospital official, optimis- Orlando and San Diego, Calif. gral part of the hospital although

ing half the new sailors at the Lt. Cmdr. E. R. Christian,

The Pentagon, because of cuts management sevices, said the new noted, are designed for both ordered by the White House, is hospital "can be justified. We vertical and horizontal expansion. considering many ways to save have a very good case and I think we're going to get it.'

Illinois training base and split- word on either move, but he said Great Lakes personnel, if moved ting its 40,000 recruits per year he foresees few problems if both to Orlando, would be included in and center staff of 20,000 between happen.

built near their barracks, has 75 beds for minor care, that are needed mostly by new Navy men,

Naval hospitals, including the Great Lakes center near Chicago. hospital chief of operating proposed Orlando structure, he

Also, hospital capacity is determined by the active duty popula-Proposals include closing the Officially, Christian has no tion it will serve, he said, so plans for any structure here.

#### Funds For Orlando Naval Hospital Restored Sentinel Star

Thursday, Jan. 22, 1976

By DAVID WILKENING

Sentinel Star Staff WASHINGTON - Funds to build a new Orlando Naval Training Center hospital, once construction. But a detailed deleted from the federal budget cuts ordered by the White House, have been restored for 1977

construction. The proposed 104-bed hospital would replace an obsolete 223-bed facility. The hospital's fate had been uncertain for months be-

construction funds. But Rep. Louis Frey Jr.,

"It was out at one time, but the

President Ford's 1977 budget Navy. "I think they still want to third," Frey recalled. includes \$770 million for Navy close it sometime in the future."

takes effect.

cause of reduced military phasing out of training at the center's hospital followed sever- was first announced in 1968 as a space is available. Great Lakes Naval Training Cen- al conversations by Frey with 325-bed facility. It was scaled ter near Chicago, a move that Defense Secretary Donald Rums- down to 235 beds, then to 182 beds, hospital, said an aide to Frey, was R-Winter Park, said Wednesday may mean sending half the cen-the hospital should be built on ter's personnel to Orlando, appar-tagon officials.

The Navy estima ently has been delayed.

in. It looks like we won the fight," there was some pressure ap- tion, while other branches of the retirees and dependents. It also

If the Great Lakes center were budget listing specific projects to be phased out, Navy officials because of Pentagon spending will not be released until next indicated, half of its annual 40,000 week. recruits would go to Orlando, Several Navy sources, however, with the other half being sent to said the Orlando hospital is the Navy base at San Diego, included. Congressional approval Calif. That move would increase is required before the budget the Orlando's center's payroll by

nearly 75 per cent.

"I think they made a decision to was having a more than 86 per its beds for active duty personnel, construction will be only about

plied," said a source close to the services were only cutting a handles about 40,000 outpatients

because it had been planned since of the area's estimated 100,000 1968 construction should go ahead. retired military personnel and The Orlando hospital had been budgeted for more than \$29 million. Navy sources said that lines stipulate, however, that

new White House budget. In a related development, the The restoration of funds for the The long-delayed Navy hospital retirees and dependents only if

Navy reevaluated it, and it's back close it, but in the meantime cent cutback in military construct with the others used by military \$44 million."

He said he also argued that the Critics say the proposed 104-bed hospital is necessary and that hospital will not meet the needs

Department of Defense guideamount or slightly more, to cope Navy hospitals should be used with inflation, is included in the primarily for active duty personnel. They are supposed to serve

nd finally to 104. particularly amazing because "I The Navy estimates its present think you'll see next week the We pointed out that the Navy hospital uses about 30 per cent of Navy's entire budget for medical



First Baby for 1976 at NRMC, Orlando, born 1 Jan 1976 at 2351, Mathew James, son of LT Gregory James Parsons, DC, USN, and Pamela Ann Parsons. Birth weight: 6 lb 9 oz Doctor: LCDR T.E. Manos, MC, USN.



#### **NAVAL REGIONAL** MEDICAL CENTER

On this Thanksgiving Day, a festive and spiritual day, let us give thanks for the world we live in, and the friendships we share. Let us resolve to make all men our brothers, in a world filled with peace, harmony and

To the hospital staff, your families, and to our patients for whom the hospital must be a home on this holiday, we wish to extend our personal greetings and sincere wishes for a Happy Thanksgiving.

> A. L. POWELL CAPT. MC USN

Commanding Office S. NUREDINI CAPT. MC USN Director of

Clinical Services

J. L. GRAVES CDR MSC USN Director of

J. M. REDGATE CAPT. NC USN Chief

#### FOOD MANAGEMENT SERVICE

**Nursing Service** 

E. H. MANLEY LT MSC USN

A. LARRIVEE

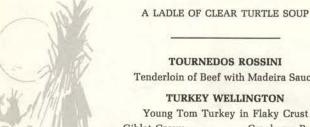
G. H. KELLEY

A. L. MASHBURN

ORLANDO, FLORIDA / THANKSGIVING DAY 1975

#### YE THANKSGIVING DAY FEASTE

A MEASURE OF SWEET APPLE CIDER WITH CINNAMON STICK NEPTUNE'S SHELLFISH SALAD FESTIVE FRUIT AMBROSIA



TOURNEDOS ROSSINI Cenderloin of Beef with Madeira Sauce TURKEY WELLINGTON Young Tom Turkey in Flaky Crust Giblet Gravy Cranberry Relish

STUFFED RAINBOW TROUT Bacon and Mushroom Stuffing

SWEET POTATO PATTIE CAULIFLOWER WITH SHRIMP SAUCE

GLAZED FRESH CARROTS

GREEN BEANS PENACHE

A WEDGE OF APPLE OR PUMPKIN PIE WITH WHIPPED TOPPING ICE CREAM

STRAWBERRIES A LA RITZ

Those few days of abandonment to worldly pleasures were a wholesome release for the colonists, whose lives had been meager and severe. To share what they had in lavish hospitality with their neighbors gave them a sense of well being, and though they paid for their generosity in bitter deprivation the following winter, they had no regrets.



ARTIST'S CONCEPTION OF NEW HOSPITAL

This sketch shows the new hospital as it is now planned. Congress has approved funds for construction of a \$500,000 hospital warehouse and this is expected to be a prelude to construction of

the new hospital. Plans have been submitted to Congress this year for approval and will be submitted next year for funding.

December 4, 1975

# **Funds** voted for clinic,

#### warehouse

Congress has approved funding for a hospital warehouse, dental clinic and renovations of the Naval Regional Medical Center Branch Clinic. The \$2.9 million dollar bill was signed by President Ford last week.

The \$2.2 million dental clinic will be constructed in the front of the NTC Command building on Kumquat Street and will consist of approximately 26 operatories. The dental staff now located at the hospital will move to this new dental clinic when it is completed. Only two dental operatories will remain at the hospital. The new dental clinic will support the entire NTC complex except recruits. Recruits will continue to receive their dental care at the recruit dental facility. The contract for the dental clinic probably will be let next spring and completion will take approximately one year after construction begins.

Construction of the \$500,000 hospital warehouse is believed to be a prelude to construction of a new hospital. Plans for the new hospital will be submitted to Congress this year for approval and next year for appropriations.

The new warehouse will streamline the hospital supply operations since all supplies can be consolidated into one location. Presently, they are spread out among several old buildings.

Alterations to the NTC Branch Clinic will cost \$150,000 and will convert the second deck of the building into outpatient service. These changes will probably be completed about three months after a contract is let.

The remaining \$50,000 appropriation will be used for demolition of the old warehouse buildings that presently exist on the hospital compound. The land where they now stand will become the site of



Vol. 8, No. 22

Serving Navy Orlando



- THE RECRUIT -- Thursday, December 11, 1975



Dr. Johnston discusses lab results with HM2 Curtis

## Family Practice Clinic gives care similar to doctor in small town

The Family Practice Clinic concept is very similar to having a family doctor in a small

A relatively new program for families in the Navy, pilot program was implemented at the Naval Regional Medical Center two years ago. Active duty families now belong to clinics at either Navy Annex, McCov or the Naval Hospital.

Dr. Glenn Johnston, Chief of the Family Practice Service, says Navy facilities are much happier with the program than with the General Outpatient Service. Each family has its own doctor that family members see whenever they need checkups or medical treatment. Under the General Outpatient Service they saw different doctors each time they came in for treatment.

The system cuts down on the number of visits

because the doctor can educate the patient in total health care. It allows the doctor to become more familiar with individual families and their medical histories. Of course, patients are referred to specialty clinics where necessary.

The doctors who provide care at McCoy in addition to Dr. Johnston are Dr. Bill Davis and Dr. Mike Lewis. The doctors at the Hospital are Dr. Gary Gillespie, Dr. David Hawk and Dr. Robert Ley. A family practice nurse practioner work fulltime at each clinic. Also, a pediatric nurse practitioner visits McCoy one-half day each week. Other support personnel, such as lab technicians, pharmacy technicians and office personnel also work at the clinics.

The idea is to have a complete health care unit at each of the two locations. When necessary, patients are admitted to the Hospital as an inpatient, and the doctors from McCoy make rounds there daily.

Part of the concept is to provide 24-hour care to members of the clinic. When an acute problem comes up after 4:30 p.m. weekdays or on weekends and holidays, members can call the hospital at 646-4313 and a Family Practice doctor will call to determine how to handle the problem.

The doctors encourage some members to come in for yearly physicals. The idea is to practice preventive medicine whenever possible.

Persons needing appointments should call 855-2331 or 855-2333. Appointments cannot be made in person. If a member has a problem that needs immediate attention and no appointments are available, he should leave his name and number for the doctor to call. In this way the doctor can talk to the patient about the problem and determine the course of action to take.

Currently, the Family Practice Clinic is not accepting new members except active duty families just arriving into the area.



HM1 Gus Quinones fills a prescription for a member of the clinic.

#### Sentinel Star Thursday, Dec. 18, 1975

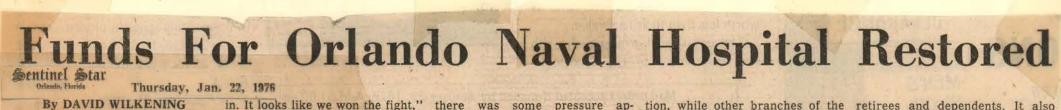
Officer Says Navy Hospital Can Do More

An Orlando Naval Training the two remaining centers at Center Hospital official, optimistic the new structure will remain in the budget, said Wednesday he believes the present or the new tracks, has 75 to believe the present or the new tracks. Sick bay for recruits, an integral part of the hospital although built near their barracks, has 75 to beds for minor care, that are needed mostly by new Navy men. structure could handle any re-cruit expansion, including absorb-obsolete faility at Orlando, he said. cruit expansion, including absorbing half the new sailors at the Lt. Cmdr. E. R. Christian, Creat Lakes center near Chicago. How spit a light chief of operating the proposed Orlando structure, he management sevices, said the new noted, are designed for both cordered by the White House is benefital "can be justified we vertical and horizontal expansion."

ordered by the White House, is hospital "can be justified. We vertical and horizontal expansion. considering many ways to save have a very good case and I think Also, hospital capacity is deterwe're going to get it." Proposals include closing the Officially, Christian has no tion it will serve, he said, so Illinois training base and split- word on either move, but he said Great Lakes personnel, if moved ting its 40,000 recruits per year he foresees few problems if both to Orlando, would be included in

mined by the active duty popula-

plans for any structure here.



facility. The hospital's fate had takes effect. been uncertain for months be- In a related development, the The restoration of funds for the The long-delayed Navy hospital retirees and dependents only if cause of reduced military phasing out of training at the center's hospital followed sever- was first announced in 1968 as a space is available.

Navy reevaluated it, and it's back close it, but in the meantime cent cutback in military construct with the others used by military \$44 million."

Sentinel Star Staff

he said.

WASHINGTON — Funds to President Ford's 1977 budget Navy. "I think they still want to third," Frey recalled.

build a new Orlando Naval includes \$770 million for Navy close it sometime in the future."

He said he also argued that the Critics say the proposed 104-bed

and center staff of 20,000 between happen.

cuts ordered by the White House, have been restored for 1977

Several Navy sources, however, with the other half being sent to budgeted for more than \$29 mil
construction

The Orlando hospital had been their dependents.

Department of Defense guide-The proposed 104-bed hospital included, Congressional approval would replace an obsolete 223-bed is required before the budget the Orlando's center's payroll by facility. The hospital's fate had takes effect.

Calif. That move would increase the Orlando's center's payroll by nearly 75 per cent.

Navy hospitals should be used with inflation, is included in the primarily for active duty personnew White House budget.

nearly 75 per cent. Construction funds.

Great Lakes Naval Training Cen- al conversations by Frey with 325-bed facility. It was scaled The restoration of funds for the But Rep. Louis Frey Jr., ter near Chicago, a move that Defense Secretary Donald Rums- down to 235 beds, then to 182 beds, hospital, said an aide to Frey, was

R-Winter Park, said Wednesday the hospital should be built on schedule.

The Navy estimates its present than 80 per cent of Navy's entire budget for medical "It was out at one time, but the "It think they made a decision to "It think they made

in. It looks like we won the fight," there was some pressure ap- tion, while other branches of the retirees and dependents. It also

Training Center hospital, once construction. But a detailed If the Great Lakes center were hospital is necessary and that hospital will not meet the needs deleted from the federal budget listing specific projects to be phased out, Navy officials because it had been planned since of the area's estimated 100,000 will not be released until not meet the needs because it had been planned since of the area's estimated 100,000 will not be released until not meet the needs because it had been planned since of the area's estimated 100,000 will not meet the needs because it had been planned since of the area's estimated 100,000 will not meet the needs because it had been planned since of the area's estimated 100,000 will not meet the needs because it had been planned since of the area's estimated 100,000 will not meet the needs because it had been planned since of the area's estimated 100,000 will not meet the needs because it had been planned since of the area's estimated 100,000 will not meet the needs because it had been planned since of the area's estimated 100,000 will not meet the needs because it had been planned since of the area's estimated 100,000 will not meet the needs because it had been planned since of the area's estimated 100,000 will not meet the needs because it had been planned since of the area's estimated 100,000 will not meet the needs because it had been planned since of the area's estimated 100,000 will not meet the needs because it had been planned since of the area's estimated 100,000 will not meet the needs because it had been planned since of the area's estimated 100,000 will not meet the needs because it had been planned since of the area's estimated 100,000 will not meet the needs because it had been planned since of the area's estimated 100,000 will not meet the needs area. because of Pentagon spending will not be released until next indicated, half of its annual 40,000 1968 construction should go ahead. retired military personnel and said the Orlando hospital is the Navy base at San Diego, lion. Navy sources said that lines stipulate, however, that



First Baby for 1976 at NRMC, Orlando, born 1 Jan 1976 at 2351, Mathew James, son of LT Gregory James Parsons, DC, USN, and Pamela Ann Parsons. Birth weight: 6 lb 9 oz Doctor: LCDR T.E. Manos, MC, USN.

## Blondeen Hammonds: at hospital information number

"She can always find an answer for anything!" Hospitalman Apprentice Al Moore said of Blondeen Hammonds.

An employee at the hospital information desk for two years, Mrs. Hammonds spends her day answering questions about the Naval Regional Medical Center and its staff. If it's a phone number a caller wants, she can usually supply it without looking in the directory. If it's directions someone needs, she can give them to a caller or supply a map to a visitor. If it's an inquiry, she gives an answer or refers the caller to someone who can answer it.

Mrs. Hammonds recalls many unusual situations that have come up since she has worked there. Recently, she helped an elderly lady separated from her husband, who was visiting a clinic at the hospital. After numerous phone calls, often just behind the man, Mrs. Hammonds took the lady and began driving around the parking lots. Finally, they located the missing husband.

"She was so happy. She looked at me and said 'I'll never forget you.' It really made me feel good," Mrs. Hammonds said.

At times the desk becomes very busy, but Mrs. Hammonds doesn't let it bother her. She recalls when she was interviewed for the job and was told that employees at the hospital have to remember a important thing about people visiting

"They're not at their best or they wouldn't be here. They're sick or someone in their family is sick, so they're worried or anxious," she said.

A former hospital corpsman herself, Mrs. Hammonds worked at a civilian doctor's office and at the hospital's records section before taking her current job. She finds it fulfilling to help people who call or come into the office as much as she can.

"Doing a job is one thing," she said. "When you go further and know you've done all you can, it makes you feel really good."

Mrs. Hammond's husband retired from the Navy on August 1. The two met in the delivery room while both were in the Navy. They were later married and six years from the day they met, their daughter was born in the same delivery



She's the person behind the voice

**Blondeen Hammonds** 

- THE RECRUIT -- Thursday, February 19, 1976

# Lt. Cdr. Wills: Nurse and rancher loves job with people, job with cattle

they think of a rancher, they think of a rough, hard-working man in blue jeans and dirty boots.

Lieutenant Commander Jacquelyn Wills is both a nurse and a rancher, and though the two seem contradictory, she loves them both. As supervisor of the Emergency Room and Acute Minor Illness Clinic, she is the neat professional in white. The corpsmen who work with her say she "brings a lot of love into patient care" and that if they were sick, she'd be just the person they'd existing mainly on a fare of crackerjacks, which want to wake up and see.

Lt. Cdr. Wills has been in the Navy 14 years and has been at Navy Orlando since July, 1972. She detached Feb. 17 to spend six months as a nurse practitioner student and will then spend the next six months getting practical experience in the field of specialization she has chosen, family practice.

Lt. Cdr. Wills and a partner own a six-acre

When most people think of a nurse, they think ranch and lease other land where they raise cattle. of a neat, professional in sparkling white. When There she may be found decked out in her straw hat, overalls (a gift from corpsmen in the Emergency Room), flannel shirt and boots. She may be feeding a calf, gathering eggs, mending a fence, feeding her cattle or doing any of a number of farm chores.

> She sometimes gets a little help from her friends-her ever faithful corpsmen recently donated a chicken named Mildred to her flock. Mildred had been living on the hospital grounds, she dearly loved. The corpsmen who were feeding her decided the hen would be happier on a farm and Nurse Wills walked into her office one day to find Mildred waiting for her. Since then, Mildred has gone on a regular diet and laid her first egg the other day.

#### Saga of Missing Cattle

A good number of people in Orlando read about Nurse Wills and the saga of the missing cattle. The story appeared in the "Sentinel Star" in a column by Charlie Wadsworth. Friends refer to it with a smile when they say Nurse Wills is "down to earth."

It seems a bull and six cows somehow got off the ranch, possibly with the help of rustlers. A Brama heifer was wandering around on hwy. 50, and Nurse Wills, her partner and some cowboys set out to chase it down. After a chase she described as very much like a Keystone Cop comedy-through yards, across the road, across fields-the frightened animal was lassoed and returned to the ranch.

Also recovered was her prize bull, Commander. Nurse Wills regrets leaving Orlando, which she describes as one of her best duty stations, mainly because of the "wonderful staff." But she will be returning, as she will be keeping her partnership in the ranch.



Lt. Cdr. Wills checks an IV in the emergency

- THE RECRUIT - Thursday, February 5, 1976



At Prayer Breakfast Military and civilian personnel gathered last Thursday at the National Prayer Breakfast held at the Club Mariner. The idea for a national prayer breakfast originated in Congress and is observed annually here. Rabbi Rudolph Adler, auxiliary Jewish chaplain at NTC, was the guest speaker.

#### **Training Center Building Funded**

# Navy Hospital In Budget

By DAVID WILKENING

Sentinel Star Staff WASHINGTON - A request for nearly \$24 million - tagged for a long-delayed 104-bed hospital at Orlando's Naval Training Center - survived Pentagon economy measures and was included in the Defense Department's budget sub-

mitted to Congress Thursday. The money was requested in the line-by-line" budget request which requires congressional approval.

THE HOSPITAL - which would replace an old 223-bed facility in Orlando - was originally deleted from Pentagon spending requests because of White House cuts.

The money was restored following conversations between Defense Secretary Donald Rumsfeld and Rep. Lou Frey Jr., R-Winter Park.

' Our - up -again, down-again hospital is in, I hope, for the last time," Frey said Thursday. "We had indications it was in, but now it's down in black and white."

FREY SAID the hospital is "desperately needed" and that it would provide better care for military retirees and their dependents in the area.

"It also emphasizes the importance of the base there, and its permanence," Frey said. "It bodes well for the future of the base. I noticed they're not putting in any new hospitals at Great

Earlier, there was speculation that the Great Lakes Naval Training Center near Chicago would be phased out, a move that could mean 20,000 recruits would go to Orlando annually. That has apparently been delayed.

requested budget also includes budget. \$1.6 million for the Trident submarine base under construction at Port Canaveral and \$198,-000 for construction at Patrick Air ments for recruits, but also to

The total military construction budget requested by Defense was more than \$3.4 billion. The Navy's portion is \$507,557,000.

The Navy hospital in Orlando was constructed in 1943 by the Air the Orlando area are served by Force. It consists of 56 buildings, many of them semi-permanent.

diagnostic departments requires each day. patients to wait in crowded quarters, and then travel extended

THE DEFENSE department's Department in its proposed

"A replacement is desperately needed to support not only the long-term hospitalization requiresupport the present and projected increase in the medical work-load engendered by transfer of both officer and enlisted specialty training facilities to Orlando," the proposal added.

An estimated 75,000 retirees in the present hospital. There were 188,000 outpatient visits in 1974 "THIS ANTIQUATED arrange- and 4,200 admissions. An average ment of wards, clinics and of 91 patients was hospitalized

delays could result in risks to numbers of dependents of active open air distances to other service patients and a revocation of areas," explained the Defense accreditation.



LOU FREY . 'In black and white'

The Navy also said the hospital was necessary because of future increases in students and THE NAVY said any further instructors, as well as greater duty personnel assigned to the

8 Apr 76 Mrs. Susie Drumm, President, Oakleaf Auxiliary and Mrs. Cory Roy, Project Chairman, present a \$500.00 check to Captain A. L. Powell, Commanding Officer, NRMC,

to purchase equipment for hospital patients.

Ready by this fall

Thursday, March 4, 1976 - THE RECRUIT -

## Hospital warehouse construction begins

by LT(jg) Lynn Howell

Phase one of the new Navy hospital complex got underway recently with the start of the Medical Logistics Support building.

The hospital warehouse, as the Medical Logistics Support building is better known, got its start the first week of February. Phase one also will include the new dental clinic and renovation of the Naval Training Center Branch Clinic. Contract bids will open for the Dental Clinic on June 8 with a completion date of July 5, 1977. Bids for the branch clinic will be open on March 23 and the renovation should be completed by

August 9 of this year.

Funds for the new hospital will not be appropriated until fiscal year 1977. The hospital, along with the boiler plant and helicopter landing pad, is phase 2 of the project.

"It is our belief that we are locked in and will get our hospital. We are number one on the fiscal year 77 Navy hospital budget," LCDR E. R. Christian, chief of Operating Management

Services, said. The new 104-bed hospital will replace the current one with its one mile of covered walkway. Although smaller in size, it is believed that the

new hospital will be much more efficient. The warehouse, with a vertical storage

concept, will house fiscal and supply offices, data processing offices, a medical repair shop, a bulk storage area, a special security area, and a refrigerated and flammable storage area. The structure will contain 15,000 square feet of space. The bulk storage area will use 750 square feet with storage up to 14 feet high.

This new addition to the hospital complex will replace storage in eight different buildings, four of which are used only for storage now.

The warehouse will be about 175 feet from the new hospital and will be connected by a covered walkway. It is being constructed by the Morton-Oswood Co., of Orlando at a cost of \$423,600 and will be ready for use by this fall.

#### Thursday, March 25, 1976 - THE RECRUIT -**Nurse Corps Chief visiting**

Rear Admiral (Selectee) Maxine Conder, Chief of the Navy Nurse Corps, will be visiting the Naval Regional Medical Center March 27-31. She will be speaking to Nurse Corps members at NRMC.

RAdm. Conder is the second woman in the Navy to be selected for flag rank.



## Doctor shortage less severe this year

A doctor shortage will happen again this summer, but the Naval Regional Medical Center is better prepared to handle it, Captain Alton Powell, CO, NRMC says.

The shortage to be most severe in July. The specialities of family practice and psychiatry are expected to be most affected. The shortages in these areas may continue through the rest of the year.

The doctor shortage occurs annually because most doctors end their tour of duty in June.

Thursday, April 29, 1976 - THE RECRUIT -

Their replacements complete medical school in May or June, and must first complete orientation at NRMC Bethesda. They usually arrive at their new commands in August or September.

The shortage may be affected by insufficient funds for permanent change of station. About one-fourth of the rotational dates for officers are expected to be delayed until the new fiscal year begins Oct. 1.

LAST YEAR the shortage was especially severe in the general medical officer area. The hospital revamped their systems to handle the problem. This year, the shortage is spread out more evenly, and existing systems of care will not be changed.

Family Practice and psychiatry will be hardest hit. The current level of six family practice physicians will drop to two until September. Then replacements will raise the number to five, but not to the original number of six.

"If there is no additional staffing, combined with the increase of active duty to be treated, the

hospital may eventually be forced to reduce the number of retired families in the Family Practice system, Dr. Powell said.

The Psychiatry Service also will not be receiving full replacements at the end of the summer.

In addition to these two areas, a summer shortage of physicians will be experienced in obstetrics and gynecology, orthepedics and surgery.

"This will mean delays in routine exams and more use of the CHAMPUS program," Dr. Powell said.

CHAMPUS is the Civilian Health and Medical Program of the Uniformed Services. It pays from 75 to 80 per cent of certain medical expenses for retirees, their dependents and active duty dependents.

DR. POWELL is optimistic about the effect of the summer shortage. One reason is a gain of four physicians assistants in the past year. NRMC now has a total of five.

"They have proven to be a tremendous asset here, and in other Navy Medical facilities." Dr. Powell commented. "They are used carefully, with the intent of providing medical care to the largest number of patients possible.

SEVERAL LONG-TERM programs will help end the problem of the doctor shortage. One is the scholarship program now available to those entering medical school at civilian universities. Students commit themselves for a specified period of service in exchange for financial aid.

Another is the proposal for a military health sciences university to provide health care personnel to all branches of the armed forces. Doctors, nurses and other personnel would all be trained there, if the proposal is approved.

May 13, 1976

# Optometry clinic cuts waiting time, makes operation more efficient

The average person at the Optometry Screening Clinic located at McCoy Annex may be a retiree, a retiree's dependent or an active duty dependent. He may have driven over a hundred miles to attend the clinic or he may live at McCoy Annex, almost next door.

The clinic is small but it handles large numbers of people—about 90-140 on screening days. HM2 Landon Jones handles the screening, while Lt. Craig Waldum checks those who have special problems with their eyesight. They are assisted by another hospital corpsman who is assigned during screening times only from the Optometry Service. Also, Red Cross volunteers help out with paperwork. Currently, the volunteers are Mrs. Arthur Murphy. Mary Davis, Diane Lavendowski, Jan Hiles, Ellen Watkins, Sandra Butler and Ronnie Fonteno.

All patients are seen on a first come, first served basis. All they need is their ID cards and their eyeglasses, if they already wear glasses.

After the screening, those who have a problem sign up for an appointment. They are notified about two weeks prior to the day of the appointment and must call to set up a specific time.

#### Tremendous Cut in Waiting Time

The waiting time to see an optometrist used to be about seven months. Under the old system, all persons who called in for a regular check-up were scheduled for an appointment.

When the new system was established, the waiting time dropped to about four weeks. The major reason is that only about one-half of the persons coming to the screening clinic need to have their prescriptions changed. They are the only ones who are referred to the McCoy Optometry Clinic or the NTC Clinic for a

omplete checkup.

Dr. Waldum sees about 60 patients per week at the McCoy Clinic. Dependents of active duty and retired personnel receive prescriptions which they

have filled at any civilian firm.

A large percentage of the people attending travel long distances to the clinic. Any eligible retiree or dependent can use it.

Dr. Waldum advised those who plan to come to the screening clinic to make their visit during the winter months, if possible. The busiest times are during the summer and holiday periods when children are out of school.

The clinic is located on Third St., next to the Family Practice Clinic.



CHECKING EYES

Lt. Craig Waldum checks Katherine Rowton's eyes. Her parents are Mr. and Mrs. Jerry Rowton of Titusville. Mr. Rowton is retired from the Air Force.



SCREENING ADRC W. W. Kirtley, a retiree from the Navy, has his eyes checked by HM2 Landon Jones.



VOLUNTEER TAKES

INFORMATION
Mrs. Arthur T. Murphy,
Red Cross volunteer,
shows Alice McAfee the
post card she will
receive notifying her of
her appointment. Mrs.
Murphy has been a Red
Cross volunteer for 29
years and has been
working at McCoy for
13 years. Mrs. McAfee
came from Satellite
Beach for the screening
clinic.

## Active duty to be honored; Captain Schwab to review

In recognition of Armed Forces Week, active duty military personnel will be honored guests at the Recruit Brigade Review.

Representatives from Navy Orlando commands and activities will be seated on the reviewing stand during the review, the 364th one since RTC was established.

Captain Albert J. Schwab will be the reviewing officer. He is chief of the Navy Medical Service Corps and Assistant Chief of the Bureau of Medicine and Surgery for Regional Health Care Administration.

Seaman Charles H. Wright will be recognized as the American Spirit Honor Medal winner at the review. The honor is the highest a recruit can receive. He was also selected as the honor recruit for his company. He and other honor recruits will be recognized at the review.

Captain Schwab was a prisoner of war in Japan for 45 months during World War II. In 1950 he was commissioned in the first group of permanently commissioned Medical Service Corps officers.

Captain Schwab has served at numerous duty stations. He has been administrative officer of three of the Navy's largest teaching hospitals—Oakland, Bethesda and San Diego.

He holds two Meritorious Service Medals and one Navy Commendation Medal with Combat V.



NURSE CORPS ANNIVERSARY The Navy Nurse Corps is celebrating its 68th anniversary. Here Ensign Barbara Meinert takes information from SR Gregory Saylor while HN Glenn Mayfield takes his blood pressure. See story, page 3.

THE NAVAGATOR - Thursday, July 1, 1976

## Senate approves new hospital; bill sent to President for O.K.

Funding for a new hospital here will be provided by the Military Construction Authorization Bill, which was passed by Congress last weekend and sent to the President.

The bill also funds naval shipyard modernization, pier improvements in Norfolk and Trident facilities in Bangor, Wa.

The first phase of a new hospital complex has already begun at the Naval Regional Medical Center here. Construction on a warehouse, known as the medical logistics support building, is underway, and it is expected to be completed in

The second phase is the hospital itself, along with a boiler plant and a helicopter landing pad. If the President signs the bill, construction will

begin soon after the 1977 fiscal year begins in October.

A design being considered for the hospital would include solar panels to supply heat, air conditioning and hot water. If approved, as much as one-fourth of the air conditioning needs of the

hospital could be provided by solar energy.

The hospital would replace the present one, which consists of 19 buildings connected by a mile-long network of covered walkway. It was built during World War II.

The warehouse is located about 175 feet from the site of the new hospital and will be connected by a covered walkway. It replaces storage in eight different buildings, which will be torn down to make way for the new hospital. Thursday, June 24, 1976 - THE RECRUIT

#### Cdr. Graves, XO at NRMC, leaving for New Orleans

Cdr. Joe Graves, executive officer, will be leaving the Naval Regional Medical Center today. His replacement is Cdr. Leslie Turbiville.

Cdr. Graves will become the director of administrative services at the new Naval Regional Medical Center in New Orleans. He had been here since February, 1973.



Cdr. Joe Graves — he'll be director of administrative services at NRMC, New Orleans No fudging on age here!

# Navy Nurse Corps proudly admits being 68 years old

Individually, men and women still claim the right to "fudge" just a little about their age, but collectively, the Navy Nurse Corps is proud to admit to 68 years.

The Corps was established on May 13, 1908 when Congress first approved the organization of a group of twenty women to aid the Navy's sick and wounded. This group became known as the "sacred twenty."

In the years since it began, the Corps has grown tremendously, with 2,516 nurses now on active duty. In 1965 it was opened to men and is now 15 percent male, an excellent percentage compared with the civilian nursing community, where only one to two percent of the nurses are men.

The Corps is progressive in many ways. With the shortage of doctors, nurses have taken on additional responsibilities and are specializing in a variety of areas. There are now 75 nurse practitioners in the Navy. Of these 22 are in Obstetrics, 32 are in Family Practice and 21 are in Pediatrics. There are 74 Nurse Anesthetists, with 15 students studying in this field.

The Navy Nurse Corps is under the direction of Rear Admiral Maxine Conder, the second woman admiral in the history of the United States Navy. She recently visited the Naval Regional Medical Center and spoke with Navy nurses about the future of the Nurse Corps.

The 46 Navy Nurses at the Orlando Naval Regional Medical Center are directed by Captain Janet M. Redgate, Chief of Nursing Service.

In commemoration of the anniversary, the Navy Nurses here held a cake cutting ceremony today. A celebration will be held at Lord Chumley's Pub tomorrow night, and the Junior Nurse of the Year will be announced.



LTjg Marylouise Tomasicyk takes the temperature of SR Joe DeCesaris. She works at the

Recruit Dispensary.

LTjg Rita Schlegel prepares to give a shot. She works on ward 11.



Lt. Carol Schemmer checks Lt. Col. Hubert Ehrlich, USAF, Ret. She works at the Intensive Care Unit, Ward 7.



LTjg Marie Gibson chats with Michael Drummond to see that he is comfortable. Michael is the son of OSC (Ret.) and Mrs. Wendell Drummond



Cutting the cake for the Nurse Corps Anniversary are Captain Alton Powell, CO, NRMC; Ensign Melissa Toler and Captain Janet Redgate, chief, Nursing Service.

- THE RECRUIT - Thursday, April 29, 1976

# Nurse Thompson:

### Family Practice RN still loves nursing after 25 years in field

Bill funding
hospital vetoed

Navy Orlando's hopes for a new hospital were set back temporarily last week by President Ford's veto of the \$3.3 billion Military Construction Authorization Bill.

The measure included funding for the hospital, along with other Navy construction totaling \$501 million.

President Ford objected to a provision requiring DoD to notify Congress a year prior to closing or reducing staff at installations.

When Congress returns from recess next week, it will have the option of attempting to override the President's veto or submitting a revised authorization bill.

Thousands of people in the Central Florida area know her. Perhaps she helped treat their sick children; perhaps she assisted the doctor when they broke their arm or leg. Or perhaps they have seen her during their visits to the McCoy Family Practice Clinic.

She is Dolores Thompson, a registered nurse at the clinic. Before the Family Practice Clinic was established, she worked at the Air Force's medical facility at the same location for six years. She has worked there the longest of all the people there, causing some of the staff to joke that she "was turned over to the Navy with the keys to the building."

This year is Mrs. Thompson's 25th year in nursing. In addition to the time she has spent at McCoy, she worked at the hospital for two years and spent 15 years working in the emergency room at a private hospital in Jacksonville.

Mrs. Thompson's duties at the clinic are so varied that they are difficult to describe. Sometimes she may assist a person who passed out on the golf course. At other times she may treat children who fall off slides or cut their heads jumping off the diving board at the pool. She

often assists doctors during emergencies.

She also does routine work, such as taking temperatures, giving classes to corpsmen, making duty assignments and talking to patients. When there is an ambulance run, she goes if the patient is having problems or may have complications on the way.

The Family Practice Clinic at McCov handles all personnel who live in housing there. Only members can use the clinic, which sees about 500 to 600 patients per week.

Mrs. Thompson enjoys being a nurse—it was the profession she decided on as a little girl. She also enjoys meeting the many people who visit the clinic—though she confesses that getting her shopping done at the commissary is sometimes a little difficult because people so often recognize

"I really feel pleased when the corpsmen and doctors I worked with come back here or write to tell me when they get married, have their first baby or finish college," she says.

Mrs. Thompson's husband, John, is retired from the Navy. They have lived in the Orlando area for ten years.

#### Three men complete 50 mile swim

Three men recently completed the 50-mile swim in the Red Cross "Swim and Stay Fit" program.

LCdr. Richard R. Crowe, a chaplain assigned to RTC; AN Joseph Benny Montgomery, Assistant Company Commander of 261, and Red Cross Director Henry A. Checklou received gold pins, certificates and gold embroidered insignia patches in recognition of this accomplishment.

Mr. Checklou completed his third session. LCdr. Crowe and AN Montgomery completed their first session and have started on their second 50-mile session.

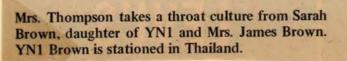
They swam during their lunch hours, swimming

an average of one mile almost every day. Program rules require a minimum of one-fourth mile for each segment. Currently 17 applicants are in the program for active duty at the RTC pool.

For active duty personnel, the NTC and McCoy

Navy Annex swim pools are open from 11:30 to 1 p.m., Monday thru Friday. "Swim progress charts are posted at entrances of both pools. Interested personnel can apply at the pool, post their names in the appropriate space and note progress as each swim segment is completed.

For further information, personnel may contact the Red Cross Director at bldg. 2010 or by calling ext. 4700 or 4611.



## Ground 'extracted' for new dental clinic



Artist's Conception of the new dental clinic

#### Construction to begin on Laurel Street

Construction will begin next week on Laural Street, and the block between Third and Fourth Avenues will be closed in the near future.

Storm drainage pipes are being installed along Laurel Street to improve drainage from Bennett Road. Bennett Road is being four-laned, and construction is underway, though it has not yet affected traffic.

Work in the area between Third and Fourth will continue for the rest of the month. Motorists should use alternate routes to avoid the construction area.

on October 1, 1976. Captain Pund is the prospective commanding officer and LCDR W. E. Groce, MSC, is the prospective director of administrative services of the new command. This is part of a Navy-wide program begun in 1974 to provide centers for dental care within specified The Norfolk and the Great Lakes area were the first dental facilities to become regionalized.

> Studies of this pilot program by the Bureau of Medicine and Surgery showed that dental care increased and improved without noticable cost increase. By relieving dental officers of administrative tasks, more time was devoted to

> Nineteen other commands were regionalized, and NTC Orlando is one of the last dental clinics to take part in the program.



Thursday, June 24, 1976 - THE RECRUIT

by DT3 Sunny Frazier An oversized pair of silver-painted forceps were used to "surgically" extract a portion of earth from the site of the future clinic and headquarters of the Naval Regional Dental Center, Orlando-Captain Glen R. Cheek, Commander, NTC, and Captain H. C. Pund Jr., Dental Officer, did the honors at the ground breaking ceremony Monday. Construction of the 28-chair clinic on Kumquat Street will begin soon. The new facility will provide dental care for eligible personnel and will be flexible enough to handle fluctuations in recruit and student population. In addition, the dental staff presently attached to the Naval Regional Medical Center will be transferred to the new clinic. Only an oral surgeon and two

technicians will remain at the hospital.

The dental department, now part of the NTC Command, will become an independent command (Continued on page 16.)



Captain H. C. Pund Jr., Dental Officer, (left) and Captain Glen R. Cheek, Commander, NTC, use oversized forceps to extract ground from the site of the Naval Regional Dental Center. (Official Navy Photo by PH2 Bob Welborn)

## Sun may provide power at hospital here

and hot water for a new hospital here, if a proposed design is approved and funded.

The design calls for solar panels on the roof and one side of a new building proposed for the Naval Regional Medical Center. They would generate the energy needed for all the hot water and heat for the building. They would also provide as much as one-fourth of the hospitals air conditioning.

The system would be equal to about a 200 ton system. The NRMC administration reports that it is believed to be much larger than any solar system now operating. It would store enough energy to run the system for 72 hours during periods of heavy cloud cover.

The proposal may be accepted for providing the heat and hot water for the hospital, even if the proposal including air conditioning is not approved.

STUDIES ARE NOW underway to determine the feasibility of the design. Arriving at a projection of the cost of the plan compared to traditional systems is not simple. For one thing, the future cost of fossel fuel energy is uncertain. For another, long term studies on large solar systems have never been made.

"At present the best estimate is that the economic payback will come in six to eight years," said LCdr David Vosloh, Chief of Operating Management Service.

This means that the solar system will cost more to install initially. But after six to eight years, the cost of the system will be made up for by the lower cost of operating it.

After the initial payback period, the only costs of the solar system are maintenance and eventual replacement of the system when it wears out.

For a traditional system, costs include the price of electricity, maintenance and eventual replacement of the system.

NRMC IS BEING considered for the solar system for many reasons. One is the geographic location-Orlando has many more sunny days than most cities where Naval bases are located.

Another is that NRMC is being considered for a new hospital during a period when solar energy is getting a lot of attention. The solar system is much simpler and economical to design and build into a new facility than to add to an existing one. The project is one of those proposed to help end the United States dependence on fossil fuels.

Solar energy may provide air conditioning, heat It could become a prototype that will be studied world-wide. "A decision has not yet been made, but we

hope to have a solar system meet at least part of the energy needs of a new hospital," LCdr. Vosloh stated.



The black areas on this scale model of the hospital are solar panels.

Thursday, July 29, 1976 - THE NAV-A-GATOR,

## Rules on nonavailability statements eased by DoD

The 40-mile rule requiring Champus users to check with military hospitals before getting civilian hospital care has been liberalized.

The changes are outlined in a Defense Department memo to the military services.

The 40-mile rule requires those living within 40 miles of a military hospital to seek hospitalization there before going to a civilian hospital in non-emergencies.

DoD officials said many complaints from beneficiaries and members of Congress arose because some hospitals drew a circle with a radius of 40 miles on a map of their area. All people within that area were required to come to the hospital to be treated or to receive a nonavailability certificate. In some areas, because of local geography or road systems, this meant some Champus users had to drive much more than 40 miles

The memo signed by Vernon McKenzie, the Pentagon's top health official, tells hospital commanders to take into consideration such factors as the time required to make a one-way trip and the presence of toll facilities that would increase the cost of the trip. Commanders now must submit revised maps to Champus reflecting these factors.

Champus users who live about 40 miles from a military hospital must present evidence to the hospital commander so he can determine if the user lives more than 40 miles of travel from the hospital. If the user is found to live beyond 40 travel miles, he or she should be given a

nonavailability statement for that specific case. If subsequent admissions are required, the memo said, a letter or telephone request should be sufficient to get another nonavailability statement, rather than having to pick it up in

The memo said many criticisms came from people finding that certain types of health care

were routinely unavailable at some military

hospitals but they had to go there anyway to get the non-availability statement. Now, the memo said, these hospitals can issue the statements with

A new nonavailability statement is not required for hospital admissions within 60 days for the same ailment. For some chronic conditions, the statements are good for a year. Users should be told to make photocopies of the nonavailability statement if they plan to use it again.

a telephone or letter request.

The memo said that users who are traveling away from home must get a nonavailability statement if they plan to get nonemergency hospital care from a hospital within 40 miles of a Those Champus users who are confined to bed

at home on a doctor's order do not have to go to a military hospital for a nonavailability statement the memo said. They will, however, need written statement from their doctor supporting the home confinement.

The memo said that appeals procedures for users who feel they have been treated unfairly under the 40-mile rule should be established and publicized to assure due process at local hospitals.

Congress established the 40-mile rule earlier this year to ensure that military medical facilities are used to capacity before allowing beneficiaries to use private hospitals paid for by Champus.



mendation and an engraved plaque by CAPT

CRD Graves was also given a Letter of Com-Powell upon departure from NRMC, Orlando.

# Navy Center Access Road Being Sought

WINTER PARK - City of- by Harden's figure of 6,000 carsary plans for an access road from believe," he said. SR 436 to the Orlando Naval Training Center Hospital.

No definite plans have been made for an access road, but representatives from Frey's office, the city and Navy are meeting to work out plans should the Navy decide to build the road city commissioners have been encouraging for some time.

CITY OFFICIALS say an access road would relieve Lakemont Avenue of much of its traffic. Local Navy officials, on the other hand, counter that not enough traffic would use an access road to justify the expense, according to City Planner David Harden.

About 6,000 cars a day go to and from the Navy hospital, Harden said. There are plans to demolish the hospital and build a smaller hospital with a larger outpatient facility at the same site, however.

The present hospital has a 204-bed capacity, but the new one will have 104 beds, said Commander Leslie H. Turbiville, Navy director of administrative

ficials are working through Rep. going to and from the hospital Louis Frey's office on prelimin- daily. "That's pretty hard to

There are about 500 persons who visit the hospital's outpatient facility daily, Turbiville said, and 735 hospital employes. More persons will use the outpatient facility in the new hospital,

If Navy officials approve an access road, it will be constructed on a public right-of-way through the southern tip of the Winter Pines Golf Course, Harden said. It will not extend to Lakemont Avenue.

THE EXISTING access from Lakemont Avenue to the hospital would remain, Harden said, but would not be connected to the new road. Parking lots would probably divide the two access roads, he said.

Navy officials have expressed concern about congestion at Glenridge Way and Lakemont Avenue and pressed the city for an extra turn lane off Lakemont Avenue to the hospital. But city officials rejected this recommendation, Harden said.

The city is making some improvements at the intersection, Harden said. Curbs have been added and the intersection is ex-TURBIVILLE WAS surprised pected to be resurfaced.

CDR Graves was the Director of Administrative Regional Medical Center, Orlando, auto-Services. He departed Orlando 25 Jun 1976. Thursday, October 14, 1976 - THE NAV-A-GATOR

### Congressman Frey visits Navy Orlando

Congressman Lou Frey visited Navy Orlando last week to discuss plans for the new Naval Regional Medical Center with Captain Glen R. Cheek, Commander, NTC, and Captain Alton L. Powell, Commanding Officer, NRMC.

Captain Powell presents CDR J. L. Graves,

MSC, USN, with a photograph of the Naval

Congressman Frey is Florida's Ninth Congressional District representative to the United States House of Representatives. He was instrumental in getting funding for the new hospital approved by Congress.

The bill approving the new building was passed last month. Construction will begin on the 106-bed facility next summer. Though the total number of beds will be smaller, Captain Powell said the diagnostic and out-patient capabilities will be much greater.

graphed by many of his associates while

Congressman Frey, Captain Cheek, and Captain Powell examined the plans for the new building and discussed future plans for the hospital, as well as the Naval Training Center.



Captain Powell, Congressman Frey and Captain Cheek discuss the plans and blueprints for the new hospital.

Thursday, September 16, 1976 - THE NAV-A-GATOR -

#### Wives Club donates \$1,000 to NRMC

The Navy Wives Club of America, 267, gave a check for \$1,000 to the Naval Regional Medical

Center last week. The check will be used to buy an infusion pump and a stand for the Intensive Care Unit. An infusion pump is used to administer medication safely by mixing it with fluids being given

intravenously. The club also has voted to make a monthly donation to Navy Relief instead of a yearly one; purchase children's books for the McCoy Family Practice Center; donate money to the NTC Little League Football Team; the Community Coordinated Child Care Center; Muscular Dystrophy; and the Human Growth Foundation; and purchase scrapbooks for Sunland Hospital.

Mary Nunnery and Ruth Watson were nominated to be chairman and vice-chairman for the ways and means committee. The committee is working on a project for this month.

Joleene Hart and Mary Nunnery are the editor and assistant-editor of the club's new newsletter. They have put together two issues and are running a contest among members for a cover and name for the Newsletter. Submit ideas to Mary Nunnery at 644-0774.

Any Sea Service dependent son or daughter wishing to apply for the National Navy Wives Clubs of America Scholarship, call Olga Thompson at 831-5178, and she will give you the address for the application.



Presenting the check to Captain Alton L. Powell, Commanding Officer, NRMC, are (left to right) Olga Thompson, Gloria Ryan, Mary Johnson, Julie Phillips, Lorraine Peercy and Mary Nunnery. Also pictured at far left is Cdr. L. H. Turbiville, Director of

Administrative Services.

Navy Bay

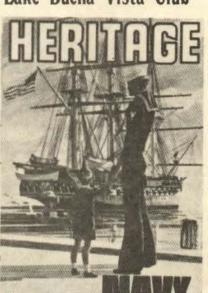
1976

13 October

# Aaval Regional Medical Center Grlando, Florida

PROUDLY PRESENTS SPECIALTIES FROM ORLANDO'S FINEST RESTAURANTS

**BUENA VISTA SALAD** Lake Buena Vista Club



**GLAZED CARROTS** Lee's Restaurant BAKED TOMATO Maison et Jardin BAKED POTATO Red Lobster

**BOSTON CLAM CHOWDER** New England Oyster House ROAST PRIME RIBS OF BEEF Imperial House SHRIMP AND SCALLOP MORNAY Villa Nova CHICKEN VERONIQUE

Maison et Jardin

APPLE MUFFINS Champ Williams' Skyline

ASPARAGUS VINAIGRETTE Walt Disney World Theme Park



FRIED ZUCCHINI T. J. Murphy's BRAZIL NUT DRESSING Champ Williams' Skyline FRIED RICE

Golden Pagoda

NAVY BIRTHDAY CAKE

PEANUT BUTTER CREAM PIE Mack Meiner's Country Store Restaurant FRENCH CHOCOLATE MOUSSE San Juan Hotel Chef Edward

(Special thanks to the

Sentinal Star's Food Editor Dorothy Chapman and the participating Restaurants.) Famous caricaturist makes 'em smile - THE NAV-A-GATOR - Thursday, October 14, 1976

by Janet Acres "Hello, my good friend, can I borrow your mug for a moment?" Jack Rosen inquires of an unsuspecting sailor, who is lying in a hospital bed. The sailor looks at Rosen inquiringly and nods.

"Do you hate me now, pal?" Rosen asks.

The sailor shakes his head. "Well, you're gonna hate me when I get through!" Rosen quips. "I'd kill anybody that'd do this to me. Now, I'm gonna give him the works," he comments to his audience in an exaggerated Brooklyn accent.

Jack Rosen is recognized by the National Cartoonist Society as the world's fastest caricaturist and he has done sketches for more than 400 heads of state. But his favorite subjects are bed-ridden sailors, sick children, prison inmates and others who are ill or down on their luck. He visited the Naval Regional Medical Center last week, sketching the faces of patients on all ten wards, as well as the faces of hospital staff on duty at the wards.

THE AMAZING THING about Rosen is the change in his personality when he begins to sketch. At one moment, he was sitting in an office at the hospital, quiet and obviously in pain from an injury he suffered a few weeks ago. He confided that he would have to get some aspirin in another half-hour to ease the pain in his leg and he wondered how many sketches he was up to.

A few minutes later, he was hopping from bed to bed, merrily calling out joking insults to patients and keeping them laughing. He had become an entertainer, an actor, performing for ward after ward of sick men and women.

"Smile there, buddy," he guipped.

The sailor smiled slightly. "Come on now. Smile, you monkey, Smile!" he teased.

His victim broke into laughter.

"Come over here. Get in close. Watch me!



Watch my pencil!" he ordered his audience. The pencil moved quick, sketching the slightly heavy sailor. The rounded cheeks became huge jowls; the slightly unruly hair was all askew when it appeared on the pad. The audience laughed heartily while the victim's curiosity grew.

Rosen put the finishing touches on the drawing-the patient's name and his signature-Uncle Jack. He handed it to the patient who began to laugh. The sailor in the next bed craned his neck to see the caricature. He began to laugh. Five minutes later, "Uncle Jack" was signing another caricature and the first patient was still lying in bed, looking at the caricature and laughing. He held his stomach because it hurt, still shaking his head and laughing.

"To me the little laugh after I give it to 'em is worth millions," Rosen says. Retired since 1949, he visits a veteran's hospital, an orphanage and two prisons every month at his own expense.

AND ROSEN KEEPS ON sketching, even though his leg hurts, even though he is very tired.

"Are you mad at me, pal?" he asks. "No? Well, you're gonna be mad when I get through.' He moves his pencil furiously, completing the sketch in just 30 seconds. This sketch is of Boatswain's Mate Third Class David Canada, who's in the Coast Guard. Other sketches during Rosen's career have been of Calvin Coolidge, Leonid Brezhnev, Richard WIXON, INIKITA Khrushchev, Eleanor Roosevelt (A great gal, he said), Herbert Hoover and Charles de Gaulle. And in all he's done more than 10,000

Rosen captures the

likeness of a sailor-with

a little humor added of

course. The well-known

caricaturist visited the

Naval Hospital last week

to sketch patients and

staff.

Many were done in Vietnam, where he

turned out thousands of comical likenesses. "Over there, many times I'd do a boy's caricature. He'd look up at me and give a little smile, than fade out. Two minutes later, he'd be

And the smiles are what it is all about for Rosen. He's given away more than 100,000 caricatures, and got back many, many more smiles from his subjects and his audiences.



BN3 Ben David Canada takes it easy while Rosen sketches.

At Branch Clinic

did of him.

## Sick calls, exams moving to second deck

Alterations to the second deck of the Naval Regional Medical Center Branch Clinic are now complete and five units have relocated there or are in the process of moving to the area.

These are the blood donation section, male sick call, female sick call, the physical exams section and the Occupational Health Service. The sick calls will be for all personnel except recruits. Recruit sick call will remain on the first deck of

"The move will make operations much more efficient," LCdr. F. L. Holiman, administrative assistant at the clinic, said. "All the sick calls and the Occupational Health Service had been crowded into one small area."

THE SECOND DECK was originally built for inpatient treatment of recruits in training at Recruit Training Command. A decision to convert it was made because all beds were seldom full, while more space was badly needed for outpatient

The second and third deck had a total of 150 beds; now the third deck has 75 beds and the second has none. The average number of beds filled is about 30, but the level ranges from a low of 15 to a high of 90. The high occurred when RTC had 9,000 recruits aboard and is not expected to be reached again because the number of recruits aboard has been at a lower level. Additional beds are available at NRMC, if they are needed.

The area for giving physical examinations is especially needed, LCdr. Holiman said. Presently, the clinic is responsible for all active duty physicals, including routine and discharge physicals, those for recruits going to a school requiring special physicals, and those required for students entering the Nuclear Power School. The numb haof physical exams given has double with. the ar Tval of NPS students.

The clinic has never had an area especially designed for physicals. The new area is expected to make the process more efficient.

27 January 1977

HM3 Stephen T.

Worthington



Vol. 9, No. 21

Serving Navy Orlando

Nov. 18, 1976

Thursday, January 27, 1977

### Visual Screening Clinic moving

The Visual Screening Clinic will move from McCoy Annex to the Naval Regional Medical Center complex Feb. 1.

The clinic will be in the mobile trailer adjacent to the Dental Clinic (bldg. 3050). The move is necessary due to manpower limitations at the Medical Center.

The clinic is operated to reduce the waiting time for optometry and eye appointments. It will continue to be open on Tuesday and Thursday

mornings from 8 to 11 a.m. on a walk-in basis. All patients presenting themselves at the clinic will have their eyesight screened, with only patients requiring further evaluation being placed on the appointment list.

All eligible beneficaries are reminded that the purpose of the clinic is to screen for possible eye problems. Personnel, space and time do not permit performing other procedures such as adjustment or replacement of glasses.

February 24, 1977 - THE NAV-A-GATOR -

#### Larson named NRMC sailor of the month

HM3 Karen G. Larson has been named sailor o the month for the Naval Regional Medical Center HM3 Larson is supervisor of the recruit healt! records. She is responsible for assembling and maintaining the entire recruit health recor section composed of about 5,900 records.

Originally from Decorah, Iowa, she has been at NRMC since June, 1974. She has been in the Navy over four years.

HM3 Larson is presently attending night classes at Florida Southern College. She plans on earning a degree in business education or management.



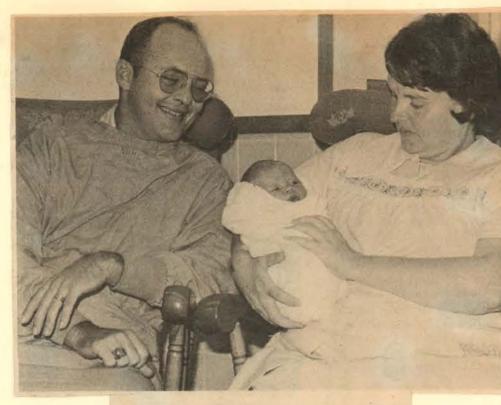
**HM3 Worthington** named NRMC sailor of month

HM3 Stephen T. Worthington has been named sailor of the month for the Naval Regional Medical Center.

HM3 Worthington works at the Pharmacy in the Intravenous Additive Service. He also works in outpatient dispensing and stands duty in the Pharmacy as a technician.

At night HM3 Worthington attends Florida Southern College, where he is a junior. He is to attend Auburn University School of P after leaving the Navy.

HM3 Worthington is from Birm' has been in the Navy almost the



#### Number one in '77

Misty Sue Layman didn't arrive in time to be a bicentennial baby or a 1976 tax exemption for her parents. But she was just in time to be the first baby born at the Naval Regional Medical Center in 1977. Misty weighed in at 6 lb., 13 oz. Her parents are Gunnery Sergeant and Mrs. Terry Layman. GySgt. Layman is attached to the Marine Corps Recruiting Headquarters at McCoy Annex.



#### Inspector General, Medical, to be January 13, 1977 reviewing officer tomorrow at RTC

Rear Admiral Walter M. Lonergan will be the reviewing officer for this week's Recruit Brigade Review. He is Inspector General, Medical.

RAdm. Lonergan was a pre-medical student for three years before enlisting in the Hospital Corps of the Navy. He was selected for medical school and received the Doctor of Medicine degree in May, 1948. Following his internship and training in obstetrics and gynecology, he was commissioned as a lieutenant (junior grade) on June 18, 1951.

His assignments have included duty at a number of naval hospitals, as well as with the First Marine Division and the Bureau of Medicine and Surgery. He was commanding officer of the Naval Regional Medical Center, Charleston, from 1972 to 1975.

RAdm. Lonergan is Diplomate, American Board of Obstetrics and Gynecology and served as consultant to the Surgeon General in that specialty from 1966 to 1970. He has received the following medals: Meritorious Service, Navy Commendation, American Campaign, Good Conduct, World War II Victory and National Defense Service.

The following recruits have been selected by members of their companies to be honored at the Recruit Brigade Review.

Co. 044: SN James E. Kelton, Yorbalinda, Ca. Co. 045: SR Michael E. Duffy, Pensacola, Fl. Co. 046: SN Edward M. Tucker, Atlanta, Ga. Co. 047: SR Duane K. McDermond, Bowie,

Co. 048: SN John R. Haven, Long Meadow,

Co. 049: SA Richard J. Burke, Salinas, Ca. Co. 050: SN Charles H. Rowland, Knoxville,

Co. 051: SN Brad W. Young, Elyria, Oh.

Co. 052: SN Larry K. Baker, Kalamazoo, Mi. Co. 053: SA Jaime DeLaRose, Harlingen, Tx.



RAdm. Walter M. Lonergan, MC, USN



Thursday, January 27, 1977

HM3 William A. Meinert Jr. reenlisted Jan. 14 for six years. Officiating at the ceremony was Admiral W. M. Lonergan, Inspector General Medical for the Bureau of Medicine and Surgery. Also present was HM3 Meinert's wife.

#### Giving 500 check

Mary Johnson, president of the Navy Wives Club of America, Orlando, 267, presents Captain Alton Powell with a check to buy a surgical debrider for the Naval Regional Medical Center Operating Room. Other members of the club look on.



#### Club sees demo of infusion pump

Members of the Navy Wives Club of America, Orlando 267, saw a demonstration last week of the infusion pump purchased with a donation

The club had given \$1,000 to be used to buy the pump. Cdr. S. R. Sandri, Chief of Medical Service, and Lt. B. L. Cunningham, charge nurse on the Intensive Care Ward, gave the demonstration of how the pump is used to administer exact quantities of intravenous solutions and medications to patients.

Following the demonstration, the club presented Captain Alton Powell, CO of the Naval Regional Medical Center, with \$500 to purchase a surgical debrider.

This piece of equipment is a high pressure water gun used to clean wounds. It will be used in the hospital operating room.



Cake cutting at Medical Corps 106th birthday celebration on 3 March 1977. L to r: LCDR J. J. Smith, Chief, ENT; CAPT A. L. Powell,

Physician's Assistant.

Thursday, March 24, 1977 - THE NAV-A-GATOR -

### Jim Polhill: Being a family doctor is his goal



Dr. Polhill, right, and MAC Melvin Hamsley look at x-rays.

Jim Polhill is young, sincere and dedicated. He is also a Navy physician.

LCdr. Polhill is unusual, for he wants to remain in general practice - a disappearing field in a profession where specialization is becoming the

His goal is to be like a family doctor, Dr.

Walter Revell, back home in Louisville, Ga. "He's a G.P. and I've always wanted to be like him," 30-year-old LCdr. Polhill says. "Hopefully, when my Navy obligation is up in July, I'll return to Louisville and set up a practice with Dr. Revell.

He's a great man.' Thinking of a family doctor brings to mind television doctors, such as Marcus Welby. But Dr. Polhill doesn't care for that comparison. He has reservations about the image of doctors on the tube.

Dr. Polhill believes "nothing is as cut and dried as some television shows make it." He says a doctor does not have the time to give attention to each patient in the way Dr. Welby did.

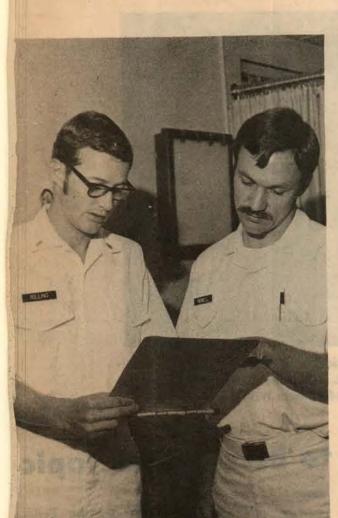
Here at Navy Orlando, Dr. Polhill works at the active duty sick call in the Naval Regional Medical Center Branch Clinic. He has served almost three

Dr. Polhill and his wife, Betsy, have two sons, James, 6, and David, 3. They live in the McCoy housing area.

- THE NAV-A-GATOR - Thursday, May 19, 1977

## Ensign Don Rilling named junior nurse of year

Medical Corps birthday cake cutting on 3 March 1977. L to r: LCDR J. J. Smith, CAPT A. L. Powell, and PA Chief Fay



NRMC's TOP JUNIOR NURSE

Ensign Rilling left, discusses a patient's chart with Hospitalman Eugene Nowell.

The highlights of the Naval Regional Medical Center's celebration of the Navy Nurse Corps Anniversary last Friday were a cake cutting and the naming of the junior nurse of the year, Ensign Don Rilling. He was named in a secret ballot vote

by the 35 junior nurses at NRMC. Ensign Rilling is one of about 450 male nurses the Navy Nurse Corps, which has 2,600 members. He began his career almost nine years ago when he enlisted in the Navy and attended hospital corps school.

"They told me that if I did well, I could go on to an advanced school. I did and went to school to become an operating room technician. Next, I applied and was accepted to study nursing at Ohio State," he said.

After completing college, Ensign Rilling was assigned to the Naval Regional Medical Center and has been there one year. He works on Ward 12, the orthopedic and eye, ear, nose and throat

May 19, 1977

NAV-A-GATOR

Hospital bids

to be opened

Another step toward the construction of the

The event will take place at the Club Mariner,

with bids expected from every major contractor

in the Central Florida area. In fact, bids are

expected from almost every state and the total

The construction project is the largest one in

the works in Central Florida. In fact, it is the only

one of its kind scheduled in the near future and the contract will be in the millions of dollars.

Congress appropriated \$23.5 million for the

project when it passed the bill last fall funding

The contract should be let within a few weeks

Construction will begin immediately after the

The new facility will replace the buildings built

groundbreaking and should be completed during

and the groundbreaking has been set for June 20.

Congressman Lou Frey will be the principal

Naval Regional Medical Center facility will be

taken next Tuesday when bids are opened.

may be over 200.

speaker at the event.

the summer of 1979.

during World War II.

unit. Also, he stands duty on Ward 11, the general

surgery, urology and dental ward. Beginning next week, the nurse will beg working in the operating room and will eventually become recovery room nurse.

"I really like nursing," Ensign Riller says, "You can branch out into any area-surgery, pediatrics, public health nursing.

He admits that most people still have a stereotype that a nurse is a woman, but said that the training for male and female nurses was the same at Ohio State-not oriented toward either

Ensign Riller, his wife, Iva, and their daughter, Bethany, 6, live at McCoy Annex.

The Junior Nurse of the Year Award is made annually and is sponsored by RAdm. Bartholomew Hogan, USN, Ret., former suregon general of the Navy.

It includes a cash award of \$100.



Nurse Corps birthday cake cutting on 13 May 1977. L to r: ENS D. L. Belgard, CAPT A. L. Powell, and CAPT J. M. Redgate.

Thursday, April 7, 1977 - THE NAV-A

# Lt. Campbell: A nurse who gets involved

Lt. Joyce A. Campbell seems to be in a state of perpetual motion these days. One of the reasons this "wave is in motion" is because she has come to the end of her voyage with the Navy. Her tour of duty is in its final moments.

It will be a loss for the Family Practice Clinic at McCoy Annex. What is the FPC?

"The concept behind the clinic," Lt. Campbell said, "is 'one doctor, one family.' This, in essence, is where one doctor treats the whole family. In this way, the doctor is familiar with the family as an entity.'

Where does the lieutenant fit in? She is a pediatrics nurse practitioner. Her speciality, of course, is children. And, within the clinic's family framework, where the children are involved, Lt. Campbell is involved.

Her duties as a practitioner are multi-faceted. Within her charge are complete examinations, parental counseling, and growth and development assessment. She also takes care of children with minor illnesses and performs emergency room duty - not to mention a follow-up service.

"Ideally, I enter the picture after a baby is born and taken to the doctor after his or her first six weeks. So, I may be working with children from the age of six weeks up to 15 years of age."

AS FOR PET peeves...

"Often, due to circumstances, quantity precedes quality in the medical profession. It shouldn't be that way, but often it can't be avoided. Where I'm concerned, I strive for a one-to-one relationship with my patients."

She also says that more parents should be educated in the realm of children's needs and prevention should be uppermost in their minds. There should be guidelines that a parent can follow when it comes to child care, and education and training are key factors.

Nurse Campbell is also on the Child Advocacy Committee, a command level program, dealing with the problems of "battered children." She notes that there seems to be an increase in cases in this country and speculates that one of the causes may be an increase of younger parents who are under pressures and unable to deal effectively with their offspring.

One of the services conducted by the nurse practitioner is a resources referral service. If a child has a problem that can't be handled at th center, a community service may be the answer

"There are community services that a military family can use and in this way, the needs of the child can be fully met. Many people do not know about services available on a community-wide

As for the future, Lt. Campbell plans to return to Los Angeles and eventually getting into the public health program at UCLA, Berkley Campus



Lt. Joyce A. Campbell

## Maude Treynor: **'Betty Boop of Dayton'**

Maude Treynor describes herself as the "Betty Boop of Dayton" (Ohio).

"I came from a show business family," she says. "My folks were with the old Ringling Brothers, Barnum and Bailey Circus and when I was little I did quite a bit of traveling with them. So singing and dancing are sort of natural to me.

"My parents wanted to settle in New Orleans, but wound up in Dayton where I completed my



Maude Treynor

schooling. I also had three years at drama school. "About eight years ago, I underwent a tonsillectomy which ended my singing."

It wasn't, however, the end of a career. Maude Treynor is versatile. Besides singing and dancing, and some time in the nursing profession, she has been a civil servant for over 21 years. Because she was formerly married to a Navy chief, she worked at a variety of places both in the States and abroad. Her forte is at the keys of a typewriter or transcribing machine and she has gone from clerk-typist to her present position as supervisor at the Dictating Transcribing Services at Navy Orlando's Naval Regional Medical Center.

But next month Maude Treynor will bid farewell to the Navy base and her profession as

"I worked with the Air Force before the Navy was here," she says, "and I enjoyed every

"I've met quite a few people and I've made lots of friends since being here. I'll miss it all."

With retirement, Maude says that she will have ample time to exercise her green thumb. Gardening, yardwork and tending to various flowers and shrubs are uppermost in her mind at present. She also says that "If my money holds out" she would love to do a little traveling to such places as Puerto Rico, Hawaii and Japan. She is also an outdoor activities enthusiast.

A native of Miami, Arizona, Maude and husband William reside in Orlando. She has been an Orlandoan for over 18 years.

# Red Cross:

by JO2 Jacque Srouji A somewhat tattered white and red sticker urges visitors to Building 3002 of the Naval

Regional Medical Center to: "Be A Red Cross Volunteer - Spread A Little Love." Hospital Field Office Director Dora Quarles

At first, Dora, a petite red-head with a pixie



Carrie Katsos, 81, has worked as a volunteer for 19 years. She worked over 500 hours last year at

unday

## Helping the hospital do its job; spreading love through its volunteers

smile, found the length of the hospital and its airy corridors a challenge. "I walked and then I walked," she laughed, "and, finally, I got used to it. Actually, we are going to miss all this open space when the new facility is built."

Red Cross workers will still have plenty of walking time, however, since the new hospital is not scheduled for completion until the summer of

AS A MEMBER of the Red Cross National Office (there is a regional director in Jacksonville), Miss Quarles' prior duty was at Fort McClellan in Alabama. "There we had the WAC basic training center so I guess you might say I've been following the recruits!"

Actually, recruit needs offer a special challenge to Red Cross ingenuity.

For example, there are case work services, which might involve the family of a patient recruit who has just been hospitalized - usually for the first time and generally far from home. In such situations, parents are entitled to contact the Red Cross Chapter in their community and request a doctor's statement on their son or daughter. That Chapter then transmits the request to the NRMC Field Office which relays it to the proper medical authorities. Usually, the end result is that parents are satisfied, the recruit knows someone really does care, and the Navy gets another valuable manpower assist from the civilian community.

ANOTHER LESS PLEASANT aspect of a field director's job is to notify a recruit when a family member is ill or deceased. One recent case involved a young recruit, only a couple of weeks into his training, who had just returned from emergency leave after the death of a close relative. Then the youth's father died and it was Dora Quarles who was faced with the task of telling the boy, and then sending him home for a

second funeral in less than a week. "The boy was dazed, absolutely dazed. I know I was more shook up than he. It was just too. much at once for him to fully comprehend. I will never forget that experience. Never!"

BUT THOSE ARE the sad memories. The good ones involve some 125 Red Cross volunteers supervised by Miss Quarles and her secretary, Mrs. Ann Maxwell. The volunteer chairman is Mrs. Pat Dicus and her co-chairman, Mrs. Dee Burnette. Their people staff offices such as the OB-GYN Clinic, Pharmacy, Outpatient Records, Physical Therapy and the Surgical Clinic.

And, talk about longevity, Red Cross Volunteer Mrs. Carrie Katsos, 81, (yes, 81) is a 19-year veteran in the OB-GYN Clinic and worked there when it was under Air Force supervision. Mrs. Madelynn Dean has 16 years of volunteer work for the Red Cross and has put in five years at the NRMC.

One thing unique to Orlando that eliminates the usual turnover is the fact that many volunteers are wives of retired military personnel. One exception to this is a volunteer in Out-Patient Records who just happens to be a retired military man whose occupational specialty in the service was...hospital records.

There's also a Youth Volunteer Program starting June 15, open to students age 14 and above, who might be interested in working at the Naval Regional Medical Center.

"We try to tailor our program to the needs of the hospital as well as the volunteer," Director Quarles explained. "If we get a volunteer who calls and offers to help, then we try to find something even if we don't have it on the program."

The current design calls for solar panels on the

roof and one side of a building. Such collection

plates can store enough energy to run the medical

center for 72 hours during periods of heavy cloud

Cost of the collection panels runs about

\$12,000 a square foot, with the NRMC recovery

system utilizing 1,320 square feet of collectors,

according to LCdr. David Vosloh, Chief of

Operating Management Service. This is currently

the big expense factor attached to solar energy,

In addition to air conditioning, the NRMC

system will also provide heat and hot water for

There's a \$45,000 price tag on the energy

LCdr. Vosloh said payback is about seven years

for the first system and 19 years for the air

conditioning. This is based on the assumption, he

said, that electrical costs will increase. And, he added, that while the solar system may cost more

to install initially, this is expected to be made up

LCdr. Vosloh, whose last construction project was the hospital at the Millington Naval Base near Memphis, said many factors went into the final decision naming Orlando as site for the solar operation. The most important was its geographic

location, maximum temperatures, angle of the

In addition, the Commander said that the Navy in accordance with the Department of Defense feels an obligation to try and develop major solar

power systems as part of the overall national

"It is now a concrete reality...what we are

doing to get is an energy recovery system that will

become a prototype which can be studied

After the initial payback period, the primary

sun and average days of available sunlight.

effort to conserve valuable fossil fuels.

for by the lower cost of operating it.

recovery system for hot water and most of

heating. The air conditioning unit runs about half

the new hospital. The exception is boilers which

will be used to produce steam for sterilizers.

regardless of the system.

- THE NAV-A-GATOR - Thursday, May 2 171

Hospitalman Third Class Shelia Davis has been

HM3 Davis works in Recruit Health Records.

Her job is to screen records before recruits begin

training to determine that they are medically

HM3 Davis has been in the Navy almost three

years. Prior to enlisting, she attended Southern

University in New Orleans for 11/2 years. After her enlistment is completed, she plans to join the

Naval Reserve and to earn a degree in psychology.

qualified. She also assembles health records.

named the sailor of the month at the Naval

## Hospitalized sailor named tops at NRMC

HN Coeyman with his wife, Denise, and Captain Powell.

Regional Medical Center.



Hospitalman Charles R. Coeyman, who works at the Naval Regional Medical Center, was in the hospital himself when the time came for him to receive a certificate for being named sailor of the

This didn't stop him from getting his certificate. He exchanged his pajama top for a Navy shirt and was propped up in bed long enough for the ceremony. Captain Alton Powell, Commanding Officer, NRMC, visited the ward to make the presentation. Also present was HN Coeyman's

HN Coeyman works at the nursing service on Ward 3. As the senior corpsman, he orders supplies and trains and assists new and junior corpsman. He also assists doctors and nurses in various procedures, such as biopsies or physicals, and works with patients, performing such jobs as

taking vital signs, drawing blood and starting IVs. Prior to enlisting, HN Coeyman attended Brevard Community College for one year.

#### Air conditioning prototype

# NRMC to have largest solar unit

by JO2 Jacque Srouji

The largest solar air conditioning system in the world will help provide energy needs for the new \$23 million Naval Regional Medical Center which is scheduled for completion here in mid-1979.

It will provide 600 tons of air conditioning capacity within the normal system. Most solar units today range from five to ten tons. In addition, a special booster system will be capable of producing an equivalent of 100 tons of air conditioning.

The booster is designed to operate only when the sun is out, thus relieving the conventional system and reducing electrical requirements.

Thursday, June 2, 1977 - THE NAV-A-GATOR



Public Works Officer Cdr. Norman Cervenka, left, reads bids at the Club Mariner. To his right is Wanda Griggs, of the ROICC office, and LCdr. Lee Bohning, Resident Officer in Charge of Construction.

#### - THE NAV-A-COR - Thursday, May 26, 1977

#### Hospital, Harvard doctors make tests at RTC on sunscreen effectiveness

HM3 Davis named NRMC sailor of month

The Dermatology Clinic at the Naval Regional Medical Center and a team of doctors from Harvard University's School of Medicine are presently conducting experiments 'to find out how effective certain sunscreen agents are under different stress conditions. The tests are being conducted on a select volunteer group of 48 recruits from Training Unit 211 at Recruit Training Command.

"The 48 recruits were divided into four groups of 12 each," Capt. Enrique de Arrigoitia, Chief, Dermatology Service, said. "Their backs were taped so that certain areas were exposed to sunlight. Then the sunscreen agents were applied.

"The purpose of the tests," Dr. de Arrigotia said, "is to find out which sunscreen agent is most effective in protecting individuals against the sun's burning rays and carcinogenic (cancer) rays of sunlight."

The Navy, and people in general, will benefit from the knowledge gained from the study, Dr. de Arrigoitia explained, because the agent which is easiest to apply, medically safe, and most protective will be identified. Where the Navy is concerned, the doctor said, such an agent may be used in survival kits.

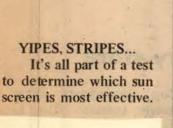
- THE NAV-A-GATOR - Thursday, June 2, 1977

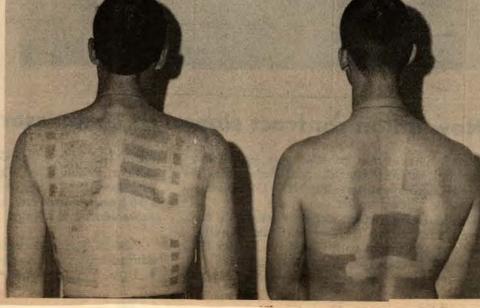
**HM3 Sheila Davis** 

It will take approximately two weeks to evaluate the results of the tests, said Dr. de Arrigoitia. The results will be published in medical journals and periodicals, among other media, he continued.

The testing began Saturday, May 7 and concluded Sunday, May 15 when preliminary results were obtained.

The doctors from the dermatology department at Harvard included Thomas B. Fitzpatrick, M.D. (PHD), John A. Parrish, M.D., Francille Mac Farland, M.D. and associate Madhu A. Pathak,





## Bids opened, to be awarded soon

Another step was taken toward construction of the new Naval Regional Medical Center facility last week when bids were opened at the Club

The apparent low bidder was Dyson & Co., a Pensacola contractor, which constructed several buildings at Recruit Training Command. Its bid was \$15,090,000.

Bids were received from 21 contracting firms and will be reviewed by the Naval Facilities Engineering Command in Charleston, S.C., for conformity to government regulations. The contract award should be made within the next

GROUNDBREAKING FOR the hospital will be held at 10 a.m. June 20. Construction will begin soon after that, with completion expected in about 21/2 years.

The two-story hospital will have 104 beds and will provide comprehensive care to military personnel and their dependents. Included in the facility will be a large out-patient service, doctor's offices and support units, such as a laboratory and X-ray center.

building.

costs of a solar system are maintenance and eventual replacement when it wears out. The air conditioning aspect will provide an estimated 25% of the hospital's cooling needs in addition to the booster application, which will supplement conventional cooling.

world-wide," he said.

The hospital is expected to be much more efficient, with all services consolidated in one

## NRMC receives accreditation from JCAH

The Naval Regional Medical Center has been accredited by the Joint Commission on Accreditation of Hospitals (JCAH), according to Captain A. L. Powell, MC, USN, Commanding

This accreditation, which covers February. 1977 to February, 1979 is the result of an on-site survey made by field representatives of the Joint Commission's Hospital Accreditation Program (HAP). Accreditation indicates that this facility has chosen to operate according to standards set by JCAH and that the facility has, in the main, met these standards.

The standards, published as the Accreditation Manual for Hospitals, set forth optimal achievable goals of excellence against which a facility can measure itself and be measured by the Joint Commission's survey.

Naval Regional Medical Center is one of approximately 4800 general hospitals throughout the United States that have earned this recognition. There are approximately 7150 hospitals in the U.S.

The chief aim of the Hospital Accreditation Program is to help hospitals in their / rsuit of excellence.

#### —At NRMC this summer —

# Medical Center News Notes

IMMUNIZATION CLINIC REMINDER: The Immunization Clinic operates on the following schedule for all outpatients.

...Allergy Shots only: 8 a.m. to noon; 1 to 4 p.m. Mondays and Fridays

...Immunizations only: 1 to 4 p.m. Tuesdays, Wednesdays, and Thursdays

MEDICAL ALERT: A recent National Cancer Institute Workshop revealed that there is a possibility of an increased risk of thyroid disorder in individuals who received x-ray irradiation or radium application to the head, neck, or upper thorax as infants, children, or young adults during the period between 1930 and 1960.

Such procedures were at that time accepted medical practice for treating various non-malignant head and neck conditions. Any patient who may have received such treatment is encouraged to visit the Acute Minor Care Clinic for a medical evaluation.

USEFUL NRMC TELEPHONE NUMBERS: To assist you, the patient, in contacting the proper area within the Naval Regional Medical Center when you call, the following telephone numbers will be of assistance by dialing 646 and the corresponding extension.

American Red C	ross
Emergency Room	m
	Counsellor 5609
Navy Relief Nur	se 5442
	ion Desk 4313/4314
	ointments (Except ENT.

PAP SMEAR APPOINTMENTS: Because of limited physician resources and increasing demand, many of the female patients are finding it more and more difficult to obtain pap smear appointments. The Naval Regional Medical Center is aware of this dilemma and has taken steps to supplement the present available appointments with additional specialty-organized clinic sessions.

HEARING AID BATTERIES: As the result of a suggestion by one of the patients, NRMC requested the Navy Exchange to stock two of the most popular hearing aid batteries, E675E and S76E. They are now available at all three exchanges.

HEALTH CARE CONSUMER'S COUNCIL: In an effort to keep the populace informed of the status of provisions for health care services in uniform facilities, the Surgeon General of the Navy has directed that a Health Care Consumer's Council be established at each Naval Regional Medical Center for this purpose. Council membership provides for reasonable representation of each category of beneficiary.

The Council is presently meeting every other month with minutes being maintained and provided to representatives for dissemination to their group.

CHAMPUS CLAIMS HAVE YOU FRUSTRATED? If you find yourself experiencing problems resolving CHAMPUS claims, there is a solution readily available to you in Orlando.

Blue Cross-Blue Shield of Florida (Fiscal contractor for CHAMPUS), located on the second floor of the Hollister Building, 3535 Lawton Road, has claims analysts who are frequently able to solve problems quickly with minimal waiting time involved.

For those patients experiencing problems with physician reimbursements, Blue Shield of Florida has available a Physician Relations Representative; those persons desiring assistance should contact the representative by calling 305-894-3438 for an appointment.

And of course, the Naval Regional Medical Center Health Benefits Counsellor is available to provide benefit information and claim form assistance; he may be contacted by calling 305-646-5609 or by visiting Patient Affairs (bldg. 3022) during normal working hours.

# Severe physician shortage coming

With a severe shortage of physicians coming in a few short weeks, Naval Regional Medical Center staff members are gearing up to do the only thing they can—their best.

The shortage has become an annual event, happening every summer for several reasons. This year the summer will bring a 34 percent drop in the number of doctors aboard—until next fall, when replacements will begin to arrive. But full replacements are not expected even then.

The situation raises many questions. Why does it happen? How will it affect services? What can be done to help?

THE FIRST QUESTION, why the shortage occurs, is simple enough to answer. Every summer, beginning in late June, many doctors complete their obligated service to the Navy and become civilians again. At the same time, a new crop of doctors are graduated from medical schools around the country and some enter the Navy. However, they must attend an orientation session before they are assigned to their permanent duty stations. Depending on when they enter the Navy, they usually begin arriving at their new commands in late August.

This scheduling leaves a two to three month period in which physicians have departed, but replacements have not arrived. The problem is not limited to the hospital here. It is a problem encountered by every armed service and by every military medical center.

This year, the shortage is more severe because fewer doctors are coming into the Navy. While the draft was in effect, many doctors deferred their obligation under the so-called Berry Plan, which ended in 1973. Since then, the number of doctors entering the Navy after a deferment becomes smaller and smaller. This year, it is at 132. Next year, it will be 32. By 1980, it will

have dwindled down to one.

Because of the excellent salaries and career opportunities in the civilian sector, most physicians are not motivated to enter the military. Thus, the gap between the number available and the number needed is widening.

HOW WILL THIS situation affect services?

"We will be doing our very best to give as many eligible personnel as we can the best service possible," said Lt. Michael Meyer, Outpatient Administrative Services Officer.

With the staffing available, the hospital will not be able to see everyone eligible. The priority is as follows: (1) active duty personnel (2) dependents of active duty and deceased active duty personnel (3) retirees, dependents of retirees and dependents of deceased retirees.

Those who cannot be seen at the hospital will be referred to CHAMPUS, which pays 75 percent of authorized charges.

Those who are treated at the facility can expect longer waits to get appointments and to be treated. Every clinic will be affected by the shortage, but some will be more overloaded than others.

In the ear, nose and throat speciality, for example, one of the two physicians will be lost. In the family practice clinic, one of five doctors will depart—leaving the other four doctors to absorb 500 to 600 additional families. Three of the seven internists will be leaving.

The hardest hit will be general medical officers staffing. Five of six doctors will be leaving during the summer.

Overall, the summer will see the staff of physicians drop from 51 to 34. The worst of the shortage will come in late July and early August.

"We also have fewer hospital corps staff members supporting physicians than in the past. Of course, we'll be helped by physicians assistants and nurse practitioners, who will assume a considerable load," said Lt. Meyer.

WHAT CAN be done to help the situation? The Navy—along with the other branches of the service—is looking for ways to end the shortage in the future. But none of these will help this

summer.

"What we need most from people is their understanding," said Lt. Meyer. "We would like to give every eligible person the services he needs, but we can't because of circumstances we can't

control. We hope people understand this."

Lt. Meyer also said those eligible for CHAMPUS should be aware that nonavailability statements are necessary only for inpatient care. Visits to the doctor do not require statements, nor do any covered treatments which do not require admission to a hospital. Also, emergency treatment is covered without the statement.

Bringing a note from the civilian doctor who recommends the treatment is helpful in getting a statement quickly. Patient Affairs Office, bldg. 3022, handles issuance of statements.

Supplementary insurance is available to cover the 25 percent of the bill not paid by CHAMPUS. Information on the insurance and answers to other questions about benefits are available from the Health Benefits Counselor in the same building. He can be reached at 646-5609.

Everyone can also assist by avoiding using facilities unless absolutely necessary. Many minor problems can be treated without seeing a doctor—for example, colds, sore throats or upset stomachs.

"We need everyone's patience and understanding during the next few months," Lt. Meyer said. "And we really will do the best we can to give people the services they need."

Thursday, June 30, 1977 - THE NAV-A-GATOR-

# Red Cross:

by JO2 Jacque Srouji

A somewhat tattered white and red sticker urges visitors to Building 3002 of the Naval Regional Medical Center to: "Be A Red Cross Volunteer - Spread A Little Love."

Hospital Field Office Director Dora Quarles likes that.



Photo by JO2 Jacque Srou

Carrie Katsos, 81, has worked as a volunteer for 19 years. She worked over 500 hours last year at the hospital.

# Helping the hospital do its job; spreading love through its volunteers

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Thursday, July 28, 1977 - THE NAV-A-GATOR

#### Maskolunas named sailor of month

HM1 Frank M. Maskolunas has been named sailor of the month for the Naval Regional Medical Center.

The petty officer works at the NRMC Military



Thursday, July 7, 1977 - THE NAV-A-GATOR

Personnel Service. His is responsible for TAD and authorization orders for all NRMC personnel and prepares travel vouchers and other forms necessary to pay travel claims. He is also watch bill coordinator for enlisted personnel in the section.

Originally from Bartow, Fl., HM1 Maskolunas attended Polk Community College for one semester before enlisting in the Navy in 1968. He has attended hospital corps school, field medicine technician school, aviation medicine technician school and medical services technician school.

HM1 Maskolunas in now attending Columbia College and will complete his degree this October. He then hopes to get a commission in the Medical Service Corps. He also plans to continue his education by working toward a masters degree in human resources management.

The petty officer is presently vice-president of the Middle Three Club advisory board.



Burkhart weighs a patient at the Internal

## Teens work at hospital

Photos, story by Janet Acres

While many teenagers are whiling away the summer afternoons and enjoying their vacations, 10 teenage Red Cross volunteers are enjoying the summer in another way.

The ten—including nine girls and one boy—are working at the Naval Regional Medical Center. Some are working eight hours a day three days a week at the clinics and other departments at the hospital.

What motivates the teens to spend part of their summer working without pay? Michele Zetterholm says its good experience because she'd like to be a nurse. Lily Canady is interested in becoming a lab technician. Some others are intersted in a medical field, while some just enjoy doing something useful with their time.

CHERYL BURKHART has the longest record with the program—she has worked at the hospital three years. She helps out at the internal medicine clinic, at the pharmacy and at outpatient records.

how to help people," the 17-year-old Lake Howell High School senior says about the job. Another volunteer, Jan Hesseling is in her second year as a Red Cross worker. She works at physical therapy.

"I've learned how to get along with others and

Other workers are Sissy DeMuth, Jo Anne Dorgan, Phillip Downs, Barbara Fritz, Robin Persian and Penny Seifert. The teens all agree on several points. They find

the job enjoyable, they like to feel they are helping others and they feel they are getting excellent experience.

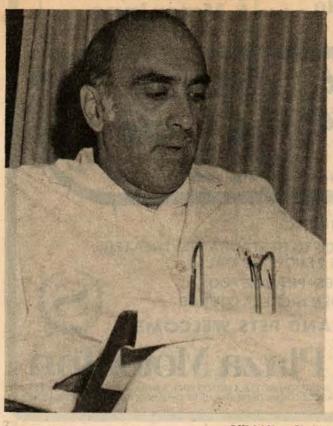
DAWN WELLS, whose husband is retired from the Air Force, is the chairman of youth volunteers. A ten-year Red Cross volunteer, she expressed pride in the job the teenagers are doing.

The hospital's Red Cross Field Director, Dora Quarles, commented that the volunteers do the same things adult volunteers do—the only difference is they're teenagers.



JUNIOR VOLUNTEERS
Junior volunteers attend
a meeting at the Red
Cross Office. They are
(from left) Michele
Zetterholm, Robin
Persian, Penny Seifert,
Lily Canady, Jan
Hesseling and Cheryl
Burkhart. Standing is
Philip Downs.

### Dr. Romano: Doing his duty as a Navy doctor



Dr. Romano checks a chart.

Official Navy Photo

Victor Romano, the doctor for hundreds of Navy families, says he's probably the only Navy doctor who started his career as a high school

Dr. Romano joined the Merchant Marine in 1944 and then went into the Marine Corps in 1945. After World War II he became a civilian again, but returned to the military during the Korean conflict.

Something else is unusual about the doctor. He left a flourishing civilian practice to join the Navy

WHY WOULD he do that?

"I believe there's a job to be done. Without a strong military force, the U.S. has a problem. It's one's duty to help do everything possible to enhance the operational readiness of the fleet,"

Of course, Dr. Romano gives his wife a lot of credit, too. The couple have been married 25 years and when he wanted to return to the service, she agreed.

ANOTHER REASON Dr. Romano was excited about returning to the Navy was a new concept which was just getting underway when he came back in. This concept is family practice, which assigns a family permanently to a doctor, rather than having patients see whichever doctor happens to be available.

Hundreds of families belong to Dr. Romano's

practice. In the space of a few minutes as he sits in his office, he is continually handling problems relating to his patients. First a corpsman comes in to tell him that "a guy wants to talk to you about his wife for just a minute." He steps outside and almost as soon as he returns and sits down, the

intercom buzzes. It's a father at McCoy Annex. His 4-year-old caught his fingers in the sliding glass door a few days ago. Now his 2-year-old has done the same thing. Dr. Romano advises him to bring the child in, since the blood collected under the nail will need to be drained.

THE DOCTOR TALKS about the family practice concept a few minutes more. Then the phone rings again. After finishing the conversation, he says the call was a perfect example of what family practice is all about. A child has a neuromuscular disease and needs a speech therapist. Dr. Romano is working through the Easter Seals program to get the therapist for

"We look upon the family as a unit. That's the way it is outside. Why shouldn't it be that way in the military?" he said. "One great thing about this hospital is the way family practice is accepted by everyone. It really works well and everyone I've heard talk about it likes it."

The schedule gets a little hectic sometimes, but Dr. Romano says "When people need us, we make time for them.'

Civilian service instead

Thursday, July 28, 1977 - THE NAV-A-GATOR -

## McCoy ambulance service to end Aug. 1

Effective Aug. 1, emergency government ambulance service at the McCoy Annex will be discontinued.

Cdr. L. H. Turbiville, Director of Administrative Services at the Naval Regional Medical Center, announced that this decision was reluctantly made only after a careful review of several factors which relate directly to the well-being of eligible patients.

MOST SIGNIFICANT is the fact that civilian ambulance/rescue service is readily available and can respond more rapidly, 24 hours a day. Also, their personnel are trained in emergency care and can quickly determine which emergency room, civilian or military, should be used. This is in the best interests of each patient, and is sound medical practice.

Of lesser importance is the fact that the Medical Center is experiencing staffing shortages and accompanying increased work loads. This makes it very difficult to adequately staff the emergency ambulance service at McCoy. In addition, the service is not used frequently enough to justify its cost.

AFTER AUG. 1, McCoy personnel can contact the local civilian ambulance service ay 298-6700, whenever emergency service is needed. Medical guidance may be obtained prior to calling an ambulance by contacting the McCoy Family Practice Clinic (857-3191) during working hours or the Medical Center Emergency Room (646-4321) after hours and on weekends.

Cdr. Turbiville emphasized that NRMC emergency ambulance service will continue to be available 24 hours a day at the NTC complex, by calling 646-4555.

Beneficiaries are reminded that the present policy does not permit emergency ambulance service for any patient residing in the local civilian community. Such requests must be referred to the civilian service.

Routine transportation service is not normally available, but may be provided on a case by case basis in cases of extreme medical necessity.

Persons desiring more information regarding

NRMC emergency ambulance service should call the Administrative Officer, Outpatient Service at 646-5242 during working hours and the NRMC Officer of the Day at 646-4313 at night and on

WHEN CIVILIAN AMBULANCE service is used by beneficiaries other than active duty military, the outpatient provisions of the CHAMPUS program will cover costs only when the service has been certified by the attending physician as medically warranted.

CHAMPUS provisions require the sponsor to pay the first \$50 incurred by each family member. However, a family group will not have to pay more than \$100 as a deductible in any fiscal year. After the deductible has been paid, dependents of active duty members pay 20 percent while all other beneficiaries pay 25 percent of the allowable charges.

Patients desiring further information concerning CHAMPUS benefits and entitlements should contact the NRMC Health Benefits Counselor at 646-5609.

Thursday, September 8, 1977 - THE NAV-A-GATOR

## Outlook for more physicians improved at NRMC this fall

by Janet Acres

The outlook concerning the number of physicians at the Naval Regional Medical Center is definitely more optimistic than it was early this

summer, according to NRMC officials. "We still have problems in some areas, but the situation has improved," Lt. Mike Meyer, Outpatient Administrative Services Officer, said. Problem areas include family practice and internal medicine, both manned with one less

physician than last year. The radiology service has lost a doctor, causing cutbacks in service. Requests for X-rays by civilian doctors are no longer honored. In addition to physician losses, the internal medicine service also lost one of two physician's assistants. A replacement will not arrive until

January. This loss will primarily affect the chronic care clinic, which sees patients with continuing problems, such as hypertension or

MOST PHYSICIAN replacements will have arrived by October, with the remainder arriving by December. The net loss of physicians-those who will not be replaced—is about 12 percent this

Lt. Meyer pointed out that at the same time, the hospital now services a larger population. In addition to increases in active duty population, more retirees are moving to the area.

"We are doing as much as we can without compromising care," he said. "Of course, our first priority must be active duty personnel." Lt. Meyer said that a continuing shortage exists

in some areas because of high demand for services. One of these is the obstetrics and gynecology service, which does not have adequate staffing to meet the demand.

"We have to ask people to bear with us," Lt. Meyer said. "We also ask that wherever possible, people avoid using the hospital for simple ailments that can be adequately treated by over-the counter medication."

In some instances, the hospital must refer patients to the CHAMPUS sector under the CHAMPUS program. Information on this program is available at the Patient Affairs Office, bldg. 3022. The phone number is 646-5609.

Women's Week.



Thursday, August 18, 1977 -- THE NAV-A-GATOR

At the ribbon cutting ceremony are (from left) Captain Mooney, DT3 Albert Cone, VAdm. Arentzen, Captain Pund, RAdm. Elliott and DT3 Wood.

### New dental facility opened

"Naval Regional Dental Center, Orlando's new facility represents another step in the medical department's program to provide the best possible treatment to military personnel." So stated VAdm. Willard P. Arentzen at ribbon cutting ceremonies for the new Dental Center held last Thursday.

Approximately 150 staff personnel and guests were on hand to view the ceremonies. VAdm. Arentzen, the Surgeon General of the Navy, was guest speaker at the event. Another special guest was RAdm. R. W. Elliott Jr., the Assistant Chief of the Bureau of Medicine and Surgery for Dentistry and Chief of the Dental Division.

RAdm. Elliott, prior to introducing VAdm. Arentzen, congratulated Captain H. C. Pund, Commanding Officer, and his staff for their outstanding record of dental care at NTC. He stated that NRDC Orlando was the leader of all 22 dental centers in the Navy last quarter.

Navy Band Orlando provided the musical accompanient for the ceremonies officiated by Captain Pund. He was joined by VAdm. Arentzen, RAdm. Elliott, DT3 Susan Wood and DT3 Albert Cone, using giant scissors to cut the red, white and

blue ribbon stretched across the main entrance to the NRDC building.

In his remarks, VAdm. Arentzen said he believes the medical/dental officer has a responsibility to treat the whole patient. He expressed fears that "the current trend toward departmentalization and categorization has become so advanced it has reached absurdity - abnormalities in search of a disease." The one possible approach, he stressed, is the team approach.

He continued, "Military service is not just another job, and I hope that in opening the new dental facility building a new spirit of committment will be opened."

In his remarks, Captain Pund extended special appreciation to several individuals for their dedicated efforts on behalf of the new facility. These included: Captain J. B. Mooney Jr., Commander, Naval Training Center, Orlando; Captain Glen R. Cheek, USN(Ret), former COMNTC; Mr. Ralph Lovelock of the architectural film which designed the building; Mr. Walter Fennell, the contractor; Lcdr. Lee Bohning, Mr. Pat Haley and Mr. Francis Scott of the NTC ROICC



## Stella Bell, NRMC nominee

Stella Bell was nominated for Special Emphasis Employee of the Year based on her work as Federal Women's Program Coordinator at the Naval Regional Medical

When Mrs. Bell assumed this duty in August, 1976, the program was almost dormant. According to the nomination submitted for the award, Mrs. Bell "had developed the Federal Women's Program into a highly visible, dynamic and functional program that has benefited all federally employed women at this command."

Her activities have included showing films, holding discussion groups, handing out brochures and developing questionnaires.

NTEC coordinators to develop monthly

Mrs. Bell has worked with the NTC and

AT NRMC Mrs. Bell's official duty is as secretary to the chief of the Military

Personnel Service. She earned the Associate of Arts Degree

programs on topics of special interest to

women. The three also planned and

coordinated the recent activities for Federal

from Seminole Community College magna cum laude in 1974, and her B.S. in Business Management from Rollins College with honors in 1977. She is currently enrolled in the Masters of Education program at Rollins

Other activities include membership in the Eastern Star, the Rollins Alumni Association, Inc. and three scuba diving clubs.

## Dental facility opened here Thursday

(continued from page 1.)

office; LCdr. Joseph MacBride of the Bureau of Medicine and Surgery; Lt. D. L. Thomas of NRDC Orlando; and Cdr. William E. Groce, former Director of Administrative Services at NRDC. Cdr. Groce flew here from California, at his own expense, to aftend the ribbon cutting ceremony.

The new dental facility of Naval Regional Dental Center, Orlando, has been operational as of Monday, Aug. 15. All personnel who formerly utilized the "Staff Dental Clinic", Ward 15 at the

Naval Regional Medical Center, will receive dental care in the new clinic, bldg. 128.

Telephone numbers for the new clinic are as

lows:	IN TO ID
Commanding Officer	423
Information	419
MCPOC	418
Dir. of Administrative Services	413
Financial Management	448
Clinical Services	426

lose it in overtime 1-0.

## Sparks kicks 52-yard field goal as Hospital wins

Jim Sparks' record setting 52-yard field goal and Don Rosenbaum's 37-yard run from scrimmage provided all the scoring in Hospital's 11-0 victory over Service School.

Sparks kicked his record-breaking field goal on the last play of the first half and Hospital's defense took over in the second half to shut out an explosive Service School team. This was the sixth game this season in which Hospital's defense hasn't given up a touchdown.

Mike Ellis passed for three touchdowns as NAC breezed by Nuclear Power School No. One

John Galberry scored on a 15 yard reverse to ease Dental by Galley 6-0. This game was highlighted by strong defensive action by both

Mike Huskey ran and passed the Magnatrons to a 14-0 upset over Nuclear Power School No. Two.

Bill "Bear" Bryant and Roy "Pretty Boy" Simmons combined to give the Reactors a 22-6 victory over the Land Crabs.

Tenth place Nuclear Power School No. One gave first place RTC a scare Thursday when they held the powerful RTC team scoreless, only to

The standi	ng as of	Sept. 9	are:	
Team	Won	Lost	Points For	Points Allowed
RTC	9	0	138	20
Hospital	5	2	52	15
Reactors	5	3	93	82
NPS 2	4	3	74	48
Dental	4	3	64	37
000		0	40	01

117

134

# NAVAL MEDICAL DEPARTMENT

ANNUAL RECEPTION

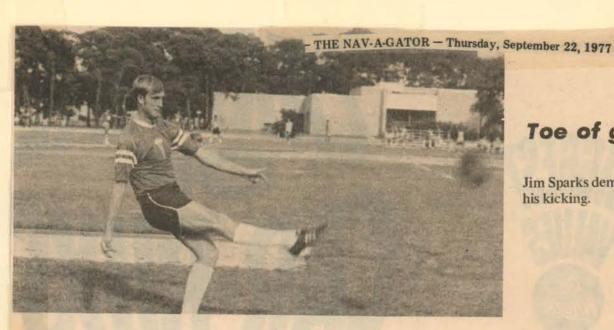








Saturday 17 September 1977



#### Toe of gold

Magnatrons

NavAdCom

Land Crabs

NPS 1

Galley

Jim Sparks demonstrates his kicking.

### Sparks kicks 52 yard field goal

by Janet Acres

Could a guy who never played high school or college football go on to play pro ball? Well, maybe, if he is Jim Sparks.

A hospital corpsman, Sparks recently kicked a 52-yard field goal during an intramural football game ("Actually, I thought it was longer," he

Sparks has been the star kicker of the league for the past three years. He has kicked quite a few long field goals and it was the 3 points earned by one of these that gave Hospital the championship in playoffs two years ago. The 52-yard kick topped his previous 50-yard record.

This year hasn't been a good one for kicking, Sparks says. Sand in the center of the field makes footing unsure, so most teams go for the

touchdown rather than trying for the field goals. The play in the game two weeks ago was an exception. The team set up for a field goal, despite the seemingly impossible distance. (The record for pro ball is 63 yards but the average length is much shorter)

"It's tougher to kick in this league than in pro

ball in some ways," Sparks explained. "A kicker gets only a step to a step and a half in, whereas pros have three to four steps. Also, the center, the holder and the kicker have a lot of experience and practice together."

HOW DID A guy who never played league football become such a good kicker? Sparks got his experience playing soccer in and around his home in Hanover, N.H. He was named most valuable player while in high school and was the specialty kicker for his team.

Also, his dad worked with the soccer team at Dartmouth in Hanover. Sparks and his wife, Sharon, expect to go back to the area when he gets out of the Navy next month.

AND WHAT about his future in pro ball? Well, actually, that would take a lot of practice and a coach to help him improve.

"I don't know if I could go pro," the 6'3", 190-lb. kicker says. "I'd need a lot of experience. But it's a nice dream to have."

### Letter commends hospital staff

Following is a letter received by the Commanding Officer of the Naval Regional Medical Center. It was submitted for publication in the Nav-a-gator.

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Any surgery is traumatic for a patient, but during all pre-operative consultations, Dr. Mintz did all he could to explain the procedure and answer my questions and those of my wife. Although never lessening the serious nature of the procedure, he none the less did much to calm the apprehension that I felt.

I find this refreshing in an age that all too often one hears only of the cold uncaring medical specialists. A doctor who genuinely is concerned about his patients' feelings and also possesses such a high degree of professional expertise, puts to lie stories of inadequate military medical care.

The Ward 11 staff, headed by Charge Nurse LCdr. Jane E. Norman, were also outstanding. I do not believe that better care or a more cheerful atmosphere could be found at any hospital, civilian or military. As a patient I was treated

with dignity and courtesy.

At times, shortly after surgery and while still sedated my wife tells me I was quite testy, to the point that I snapped at the staff. For this I apologize. However, at no time did the staff reciprocate with anything other than the best possible care.

As an observer I watched patients ranging from young recruits to an 86 year old retiree. All received the same high standard of professional care and dedication.

Although all on the staff were excellent the following personnel were standouts: LCdr. Norman, Lt. Williams, Lt.(jg) Jones, Lt.(jg) Quiles, Lt.(jg) Scono, Ens. Saad, Ens. Warford, HN Polanco, HN Nash, HN Ramalay, HN Caracoppa, HA Summit, HA Martinez and HA Richardson.

All too often the medical care in our Navy is downgraded and made the butt of jokes and complaints, but I truly fail to see how I could have possibly received better or more complete

I thank you for this opportunity to praise the professionalism and humanism of your fine staff.

> Very respectfully, LT D. B. DOUGLAS, USN



Retirement ceremonies of LCDR Fred Holiman, MSC, USN, on 30 Sep 1977. Captain Powell and LCDR Holiman look at retirement certificate.



Captain Lotz, Chief, NRMC Annex, congratulates LCDR Holiman after presenting letter of commendation.



Captain Powell presents certificate fo Mrs. Sandra S. Holiman with wife's certificate during retirement ceremony.



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NavAdCom	3	4	76	57
Land Crabs	2	6	64	117
NPS 1	2	7	36	134

#### CITRUS CLUB+CNA TOWER

255 S. ORANGE AVENUE ORLANDO

COCKTAILS 1930 \* BUFFET DINNER 2030

COST: LCDR & ABOVE - \$12.50 PER PERSON LT & BELOW - \$10.00 PER PERSON CASH BAR

PAID RESERVATIONS BY 9 SEPT. LCDR J.J. SMITH, MC, USN NRMC CODE 16 PHONE 646-5023

ATTIRE: MALE OFFICERS - DINNER DRESS WHITE OR BLUE FEMALE OFFICERS - DINNER DRESS WHITE OR BLUE OR APPROPRIATE CIVILIAN ATTIRE

GUESTS - FORMAL ATTIRE



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Retirement ceremony for CAPT E. M. DEARRIGOITIA, MC, USN, Chief, Dermatology Service on 31 October 1977.
Captain Powell offers congratulations. Captain Myers looks



Side boys on CAPT DE ARRIGOITIA's right are CAPT H. W. WILHELM, MC, USN; CAPT J. S. MYERS, MC, USN; and CDR R. E. VILLADIEGO, MC, USN. Side boys on his left are CAPT W. J. SCHEFSTAD, MC, USN; CAPT S. R. SAND-RI, MC, USN; and CDR K. J. O'CONNELL, MC, USN.



Promotion of WO1 Richard R. Hamby, USN on 3 Nov 77 L to r: Captain Powell, Hamby, Mrs. Hamby



Promotion of WO1 M. L. Popovich, USN on 3 Nov 77 L to r: Captain Powell, Popovich, Captain S. R. Sandri, Chief, Internal Medicine Service

- THE NAV-A-GATOR - Thursday, November 10, 1977

#### Victim of heart attack

# Retiree alive to remember, thanks to hospitalman

by Janet Acres

Dick Bowen could have been a drunken driver for all Hospitalman Phyllis Capehart DeBlois knew as she drove along behind him. Whatever his problem, she knew he was driving erratically as he drove toward the Naval Training Center Aug. 3.

She tried to flag him down but he did not see her. Then, when he reached the NTC gate, he stopped. She stopped behind him, jumped out of her car and went to investigate.

Dick Bowen, a retired master sergeant and the NTC librarian, had had a heart attack on his way to work. Thanks to the quick actions of Phyllis DeBlois, he lived to remember it.

SGT. BOWEN was still seven miles away from NTC when he experienced what he knew at once to be his second heart attack. The pain was crippling but he decided to keep driving toward NTC, believing he had a better chance if he could get there.

"I know I was driving rather fast," he remembers. "I made it to the NTC Security shack, where I stopped my truck and asked that someone get me to the hospital, that I had had a heart attack."

HN DeBlois, a graduate of LeGrand High School in Merced, Ca., first noticed Sgt. Bowen when he went through a red light near the base. She caught up with him after the light changed and followed him to the NTC gate.

When he stopped there, she saw his condition and took charge of the situation. She told a Center policeman to call an ambulance right away. At the same time, she opened the truck door and helped Sgt. Bowen lay down on the ground.

"I was trying to get him calmed down and in a better position until the ambulance could get there," she explained. "I also asked him what medication he had taken."

GETTING THAT essential information, she stayed with him, keeping him as comfortable and calm as possible.

"She was talking to me, telling me not to worry, that everything was going to be all right," Sgt. Bowen said.

His memories of the next minutes were foggy or lost completely. The ambulance rushed him to the hospital and soon after he got there, his heart stopped beating.

An emergency team revived him and he was placed in intensive care. After a hospital stay, he went home to convalesce.

A LETTER from Sgt. Bowen to the Naval Regional Medical Center, where HN DeBlois works, told of how his life was saved by her speedy actions. Her reward—in addition to her knowledge of what she had done—was a letter of commendation.

She will also be the honored guest on Dec. 2 at the Recruit Graduation Review, a ceremony held weekly at the Naval Training Center. She will be recognized for her actions before a crowd of about 2.600.

HN DEBLOIS has been in the Navy 22 months and has worked at the Family Practice Center as a hospital corpsman for the past eight months. She is from Modesto, Ca., and attended Modesto Junior College for one year before enlisting in the Navy. She and her husband, Marc, and daughter, Allison, live at 420 Oakridge Road, Orlando.

Following completion of her enlistment, HN DeBlois plans to attend nursing school and then return to the Navy as a nurse.







To be honored

HN Phyllis DeBlois will be the honored guest at the Recruit Graduation Review Dec. 2. She also received a letter of commendation for her actions.













# Loving care

## Two young corpsmen enjoy work in Navy Medical Center nursery

By JODY FELTUS

Both are 20 years old and unmarried. One enjoys weight-lifting, and the other plays softball and the

These are avocations, however. Their primary duty is taking care of newborn babies in a hospital nursery.

Hospitalmen William Russell, USN, and Louis L. Carpenter Jr. USNR, are assigned to the Navy Regional Medical Center at the Orlando Naval Training Station.

"THEY WERE CHOSEN because they are both superior young men," said Master Chief R.C. Clements, assistant to the director of administration. Watching the burly Russell tenderly rock a tiny baby

has become a delight to nurses and mothers at the "I am a physical fitness nut," Russell said. "I work out regularly at a gym on Orange Avenue. I spent 13 months in pediatrics, and when this position opened up, I leaped

CARPENTER WAS in recruiting for the Navy before his shift to the nursery. "I guess my only real experience is the fact that I have 12 or 13 nieces and nephews," he said with a shy smile.

Carpenter has been taking care of the babies for 14 months now, and this allows him to assist in the delivery

"I don't really assist the doctors," he added quickly. "But I help the moms in the labor room, wheel them into delivery and take the babies to the nursery once they arrive on the scene."

BOTH MEN HAVE become adept at feeding, bathing, changing and just plain loving their young charges. The small nursery normally has about six occupants. Lining one wall are large rocking chairs, and this is where the corpsmen spend much of their time.

Noting that the babies all seemed so quiet and content, Carpenter explained with some pride, "We take good care of them. That is why they are quiet."
"We do get attached to them, too," Russell said. "Most

are here four or five days, so it isn't too difficult to see "But we also get the preemies (premature babies) who are put in our charge to get their weights up to speed. Those are the ones you really miss."

CARPENTER NODDED in agreement. "If you are any type of a human being, you get attached. Just like with girls," he said with a chuckle.

Carpenter, who is from Hattiesburg, Miss., enjoys hitting a softball and tooting on his sax. He is also taking medical science courses at the Florida Southern College annex in Orlando and plans to become a Navy medical

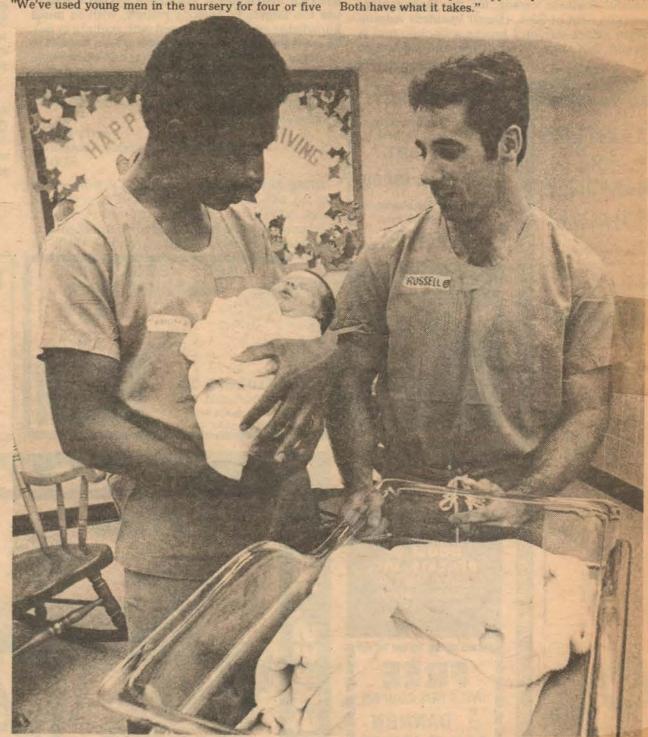
Russell, from Islip Terrace, Long Island, N.Y., combines his physical education with science and an interest

in nutrition. "They are all really related," he said.

Both receive high marks from the nurse in charge.
"We've used young men in the nursery for four or five years," said Carolyn Edwards, R.N. "It is very confining work and takes a special type of person to work here.

Both have what it takes."

the little sentinel, Wednesday, November 30, 1977



Carpenter (I) and Russell with Sean O'Neal, son of Mr. and Mrs. Michael O'Neal

















Betty Foland, secretary Occupational and Preventive Medicine Service, given retirement certificate on 14 Dec 1977.









LCDR John B.H. Hudson, MC, USNR, promotion on 12 Dec 1977. CAPT Powell and CDR Romano pin on his new insignia.



















lst row: J. Jacobs, LT Christiansen, LCDR Moore, HMC Bureman,
HM3 Rock 2nd row: HM3 Brickner, HM2 Daco, HM1 Quinones, HM2 Ratliff,
HM3 Worthington, HM3 Jamora 3rd row: HM2 Marks, HM3 Greene,
HM2 Mitsatsos, HM3 Andrews, HM3 Hodges, HN Huth, HM2 Mowbray
Not pictured: HN Lofaro, HM3 Balogh, HM2 Mathis, C. Watson



STELLA BELL, FEDERAL WOMEN'S PROGRAM COORDINATOR (NRMC), HAS BEEN ASKED TO SERVE IN AN ADVISORY CAPACITY ON AN ADHOC COMMITTEE FOR SEMINOLE AND ORANGE COUNTY BY THE CENTRAL FLORIDA COMMISSION ON THE STATUS OF WOMEN. THE COMMISSION IS AWARE OF THE CONCERNED INPUT AND QUALITY OF PROGRAMS STELLA HAS PRE-SENTED AT THE FWP SEMINARS AT THE CENTER.











# HM2 Bourrie named NRMC's top sailor



HM2 Francis D. Bourrie has been selected as the sailor of the quarter for the Naval Regional Medical Center.

Petty Officer Bourrie is assigned to the Officer Records Section of the Military Personnel Department. He previously worked in the enlisted records section from Nov. 1976 to Nov. 1977.

Petty Officer Bourrie has been in the Navy five years and is from Jacksonville, Fl. His future plans include obtaining a degree in Business Administration from Columbia College which he is now attending, and applying for a commission in the Medical Service Corps.

Petty Officer Bourrie and his wife, Kappy, live here in Orlando.





















Promotion ceremony of CWO2 Richard R.
Hamby, PA, USN, on 1 Nov 77. CAPT Powell and Mrs. Hamby participated.





Promotion ceremony of CWO2 Michael L.
Popovich, PA, USN, on 1 Nov 1977. CAPT
Powell and CAPT Sandri participated.











1977 LENGTH OF SERVICE AWARDS CEREMONY

Naval Regional Medical Center, Orlando, Fla. on 25 January 1978.

CAPT A. L. Powell, W. Taylor (30 yrs-NRMC 34), C. Berryman (30 yrs-NRMC 34), M. Van den Heuvel (30 yrs-NRMC 36), C. Watson (30 yrs-NRMC 19), A. Mercado-Ruiz (20 yrs-NRMC 38), H. Fornataro (20 yrs-NRMC 11).

Not Present: R. Burke (20 yrs-NRMC 22), E. Swigonski (20 yrs-NRMC 15), V. McDougall (20 yrs-NRMC 11), H. Mills (30 yrs-NRMC 38).







HM1 Beck was presented a letter of apprection on 23 Jan 1978 by Captain Powell.



1977 OUTSTANDING PERFORMANCE AWARDS CEREMONY

Naval Regional Medical Center, Orlando, Fla. on 25 January 1978.

CAPT A. L. Powell
Third Row: C. Berryman (NRMC 34), F. Villar (NRMC 38), J.
Thomas (NRMC 39), R. Byrd (NRMC 32), M. Van denHeuvel (NRMC 36),
D. Villar (NRMC 38), B. White (NRMC 32).
Second Row: J. Kee (NRMC 38), A. Harrison (NRMC 34), P. Horn
(NRMC 39), D. Pempey (NRMC 08), S. Bell (NRMC 36), B. Mullin
(NRMC 11).
First Row: P. Barbour (NRMC 39), I. De Vinny (NRMC 00B), W.
Maddox (NRMC 38), M. McGlasson (NRMC 11), M. Brown (NRMC 11).
Not Present: D. Nader (NRMC 31), G. Houk (NRMC 36), J. Dover
(NRMC 00B), G. Carter (NRMC 32), R. O'Hallaron (NRMC 32).





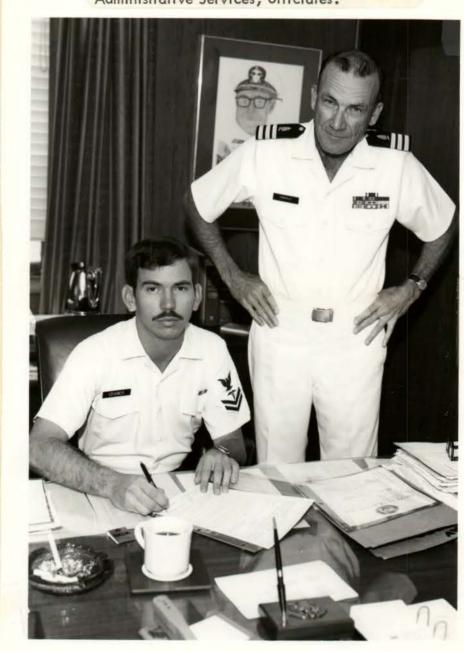






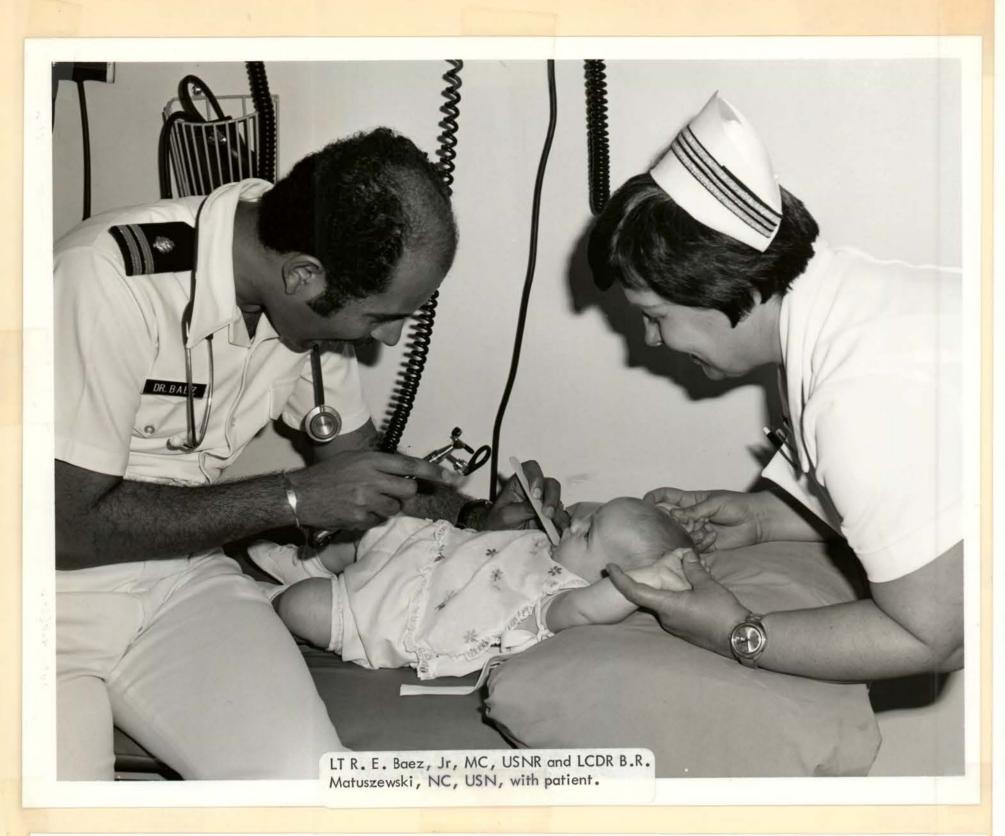


Reenlistment of HM2 John W. CRAMER, USN on 31 Mar 1978. CDR Turbiville, Director of Administrative Services, officiates.





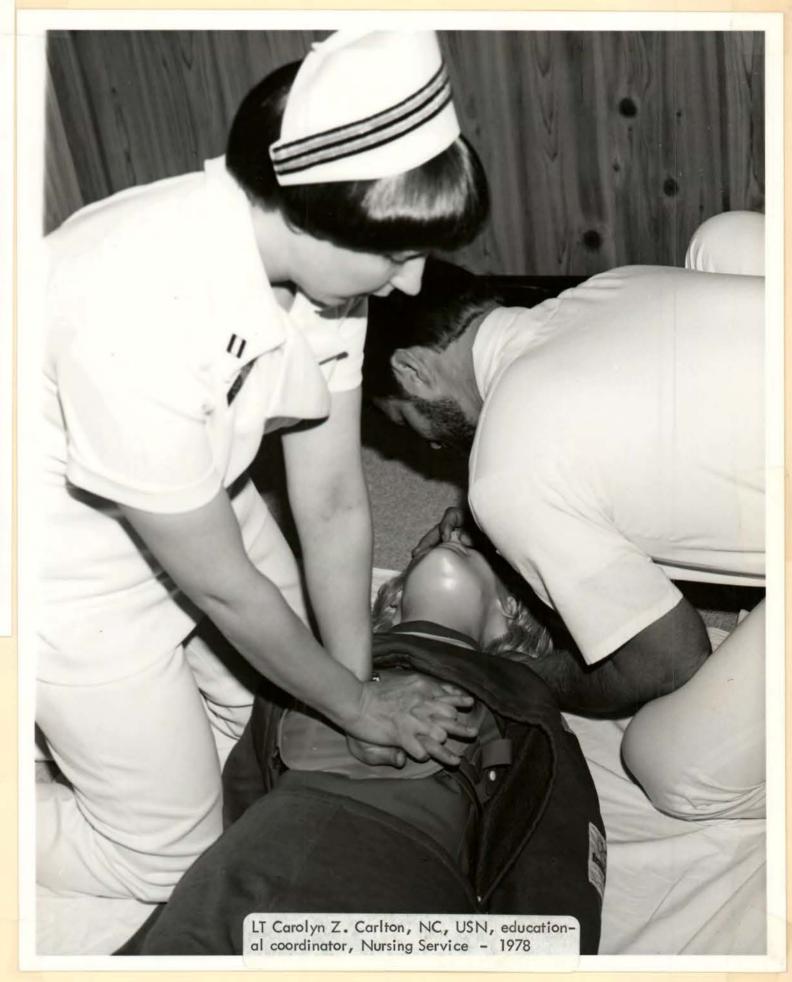




























Letter of commendation presented to HM2
Bruce Simpkins on 7 Apr 78, by CAPT W. J.
Schefstad, acting commanding officer.



Retirement ceremony HMC R. M. WHITE, USN on 17 Apr 1978.





CDR Mary S. BRAYMAN, NC, USN, presented letter of commendation on 12 Apr 1978



LT R. E. ELSTER, MSC, USN, presented a letter of commendation on 15 March 1978.



LT E. D. MITTS, MSC, USN, presented a letter of commendation from the Marine Corps on 15 March 1978.





HM2 S. D. KNAUP, HM2 J. F. ANDREWS; and HM2 K. F. BALOGH

- THE NAV-A-GATOR - Thursday, April 27, 1978

Lt.(jg) Donald C. Rilling



Advancement ceremony held 17 Apr 78: HMI J.P. ROBBINS, HMI J. D. MARQUIS, HMI J. L. WATTS, & DTI G. RIMANDO

## Jaycees name Rilling 'outstanding young man'

by Janet Acres

Lieutenant (junior grade) Donald C. Rilling, a nurse at the Naval Regional Medical Center, has been named an "Outstanding Young Man of America" by the Jaycees.

The award is given for outstanding professional achievement, superior leadership ability and exceptional service to the community.

Ten years ago, after studying religion for two years at Anderson College, Anderson, Ind., Rilling enlisted in the Navy. He served as a hospital corpsman, eventually becoming the senior corpsman in the operating room at the Portsmouth Naval Hospital.

Rilling supervised 26 technicians and 60 students. His performance earned him a Navy. Commendation Medal and a nomination for the Navy Enlisted Nursing Education Program. He was selected for the program, through which the Navy selects enlisted people to be trained as registered nurses. He began his studies at Ohio State University in 1972 and was commissioned as an officer in 1975.

BEING SELECTED FOR the program was a dream come true for Rilling but he isn't one to attribute it to luck.

"I believe you have to earn what you get," he commented. "The Navy has opportunities and it's up to the individual to work for them."

After being graduated from Ohio State in 1976, Rilling was assigned to the Naval Regional Medical Center in Orlando. He won recognition there last spring when he was named junior nurse of the year.

For the past year Rilling has served as operating room nurse, the job he prefers. He hopes to eventually earn a master's degree as a medical and surgical nurse or surgical clinician.

Though people are sometimes surprised by the fact that his profession is nursing, Rilling feels there is no longer a stigma attached to being male and being a nurse. In the nursing community as a whole, only about 5 percent of all nurses are men, but at the Medical Center where Rilling works about 20 percent are men.

"I love nursing and I'm very satisfied with the Navy," Rilling said.

Rilling and his wife, Iva, have a seven year old daughter, Bethany.

1 June 1978 NRMC clinic has walk-in appointment system

Patients are reminded that due to staffing uncertainties, the acute minor care clinic is operated on a same day, walk-in appointment system. Patients are given a same day appointment time when they check into the

This system helps reduce patient uncertainty about when they will be seen. It also ensures maximum use of clinic staff without sacrificing quality care. However, when all appointments for the day are filled, no other appointments can be

Non-emergency demands must then be referred to an alternate source of care (the specialty area for a routine appointment or a civilian health care provider) or deferred until the next work day.



Advancement to HM2 for James R. Fairlamb, Donald W. Ford and Anthony Ferguson on 16 May 1978. CAPT Powell officiated.



Promotion ceremony of LT Darrel D. SMITH, MSC, USNR, held on 2 May 1978. CAPT Powell and CDR Roach participated.



Mrs. Dorothy Johnson receives 20 year pin and congratulations from CAPT Powell on 16 May 1978.



Letter of commendation presented to HM2 John Cramer, USN, on 12 May 1978 by CAPT Powell.



#### Writer thanks clinic for service

Dear Editor:

This is a letter of thanks, long overdue, to a wonderful group of people.

My family and I have been members of the

NRMC Family Practice Clinic for over three years. During this time, our family physician, Doctor John Hudson, and his staff have seen us through many ups and downs. Whether the problems were major or minor, the same care and consideration were always present.

In a world where so many care so little about their fellow human beings, these people are a wonderful exception. Their particular kind of work is the most demanding, with the least

thanks, of any profession I can imagine. The times we walked into the clinic ill or afraid, we came away assured, thanks to an excellent physician and an equally excellent staff.

Thursday, June 8, 1978-THE NAV-A-GATOR-How many words are there to describe them? Professional, courteous, thorough, caring,

important as any prescription dispensed. Our lives are richer and easier because of these wonderful people. We could never repay you.

sympathetic, and cheerful; and that is as

Thank you seems so inadequate. However, we do know someone who can repay you. So, from the bottoms of our hearts, we pray the Lord will bless and reward each and every one of you, and your families who stand behind you, in the special way that only He can do.

Caring is..."not seeing through one another,

but seeing one another through.' Our deepest appreciation, RMC Charles E. McElroy, Judy, Tony, and Michael









#### Information on Champus benefits given

The following items are provided to clarify the Champus program for beneficiaries. For further information on these or other Champus benefits, contact the NRMC Health Benefits Counselor at 646-5609.

NON-PARTICIPATING PROVIDERS: When patients receive medical care from a physician who elects to be a non-participating provider, the sponsor is responsible for full payment to that physician, regardless of the amount approved by the Champus fiscal agent.

The physician may charge whatever fee he/she desires. However, when the patient submits a claim for Champus, the fiscal agent will only reimburse the patient the amount of reasonable charges set for the geographic area.

Essentially a non-participating provider is one who does not participate in the Champus program nor has any affiliation or responsibilities to the patient in regard to Champus. This is true even if that provider stocks Champus forms and assists in filling out the claim.

INPATIENT CHARGES GO UP: As of Jan. 1, 1978, the cost for dependents to stay in a military hospital went from \$4.10 a day to \$4.40 a day, a 30 cent increase.

This also applies to dependents of active duty members who are inpatients in civilian hospitals under the Champus program. The cost share for inpatient care in now \$4.40 or \$25, whichever is greater.

MEDICARE AND CHAMPUS: By law, Champus eligibility comes to an end when a beneficiary other than the spouse or child of an active duty service member becomes entitled to Part A of Medicare (hospital insurance) at age 65 disability or chronic kidney disease.

The law applies regardless of where the beneficiary lives. This is particularly important for individuals living outside of the United States where Medicare cannot pay for health benefits.

Medicare has two parts-hospital insurance (Part A) and medical insurance (Part B). Individuals have automatic entitlement to Medicare Part A and pay no premium for it. However, eligibility must be established through the local Social Security Office.

Enrollment in Part B is voluntary and requires a payment of a premium. Failure to purchase Part B does not reinstate Champus eligibility for any

Although spouses and children of active duty service members entitled to Medicare remain eligible for all Champus benefits, Medicare benefits must be used before Champus payments will be made.

If any amount remains after Medicare payments are made, Champus will pay that amount, but only up to the amount and for those services Champus would have paid if there were no Medicare coverage.

1 June 1978

## Veterinary clinic to be closed for summer

Due to the absence of the center veterinarian the veterinary clinic will be closed from June 21 to September 24.

In an effort to bring vaccinations up to date, several clinics will be scheduled this month. Personnel desiring appointments for vaccination of their pets are requested to call 646-4613 between 8 a.m. and 4 p.m. as soon as possible to schedule their pets during June.

Owners of dogs receiving heartworm preventive medication should be sure they have an ample supply to last until the first week in October. Owners who have not purchased heartworm preventive since March 1 should telephone the Veterinary Service, as there have been some policy changes since that date.



Official Navy Photo by Janet Acres

#### 65 complete CPR classes here

The dummy lay on the floor, obviously worn from much use. The stringy blonde hair fell around a plastic face to simulate a living person, but the form was lifeless.

This same form could be a link to life for persons who suffer a heart attack. The dummy has been used many times and was used once again last week in cardiopulmonary resuscitation (CPR) classes here.

Sixty-five people completed the basic class, called "heartsaver" training by the American Heart Association. The program was coordinated by Dorothy Smith, Occupational Health Nurse.

"We'd like to train as many people as we possibly can," Mrs. Smith said. "It's especially needed by people who work in areas such as Security or the Nursery.' She pointed out that 650,000 heart attacks

occur annually and of these, 350,000 are away from the hospital. In these cases action is required immediately until medical personnel can reach the victim.

Most people can survive up to four minutes after the heart stops beating without serious the victim may still survive, but some disability will occur. After six minutes people rarely The heartsaver program teaches how to help a

8 Jun 1978

Cdr. Paul McDavid

shows Dorothy Smith,

left, and Mrs. Allen how

to work with infants.

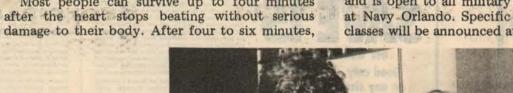
person who has suffered a cardiac arrest. At the same time, the training emphasizes prevention and teaches what factors contribute to heart attacks and how the risk can be minimized. A TEAM OF seven volunteer instructors taught

the classes here. They are Cdr. Paul McDavid, Lt. Lonnie Crafton, Lt. Gerald Bennett, Timothy Whitten, Harold and Elaine Rosehart, and James

"A program to train all of the clinical staff at the hospital is underway. We feel that as many others as possible should also have this training, said Lt. Crafton, who is the chief of the hospital's Environmental Health and Preventive Medicine Service. "We're trying to reach out into the community to provide this training."

The basic heartsaver training lasts three hours and is open to all military and civilian employees at Navy Orlando. Specific information on future classes will be announced at a later date.





Lt. Lonnie Crafton demonstrates CPR technique to Wray Lacey of the NTC Safety Office.





-THE NAV-A-GATOR-Thursday, June 15, 1978

#### Overall effect uncertain

# Physician shortages expected this summer

by Janet Acres

With summer approaching, the Naval Regional Medical Center will find itself inadequately staffed in several specialty areas, according to Lt. Mike Meyer, Administrative Officer, Outpatient

Still, the overall effect of the doctor shortage at the Medical Center this year is very much up in

The doctor shortage or "hiatus" occurs each summer at military medical facilities around the country. It usually begins in June, due to the fact that many doctors complete their obligated service to the Navy at this time.

This year the summer hiatus is complicated by a shortage of permanent change of station (PCS) funds. Most orders from one duty station to another have been delayed until the Navy can get approval from Congress to use other funds to pay PSC costs.

ANOTHER FACTOR which aggravates the situation in the Navy, as well as the other armed services, is the difficulty in meeting physician

recruiting quotas. This year only a fraction of needed physicians have been recruited to fill available billets.

Within the Medical Center, prospects for replacements for the departing physicians appear generally favorable. However, due to the uncertainty of fund availability, arrival dates are still not definite.

Lt. Meyer said the areas expected to be hardest hit are Orthopedics, where all but one orthopedic surgeon will be leaving, and Optometry, where three of five optometrists will be transferred.

Other areas of concern will be Urology, OB/GYN and Internal Medicine. The number of Family Practice physicians is expected to drop from six to three.

"Despite these anticipated personnel shortages, the hospital will continue to do its best to give as many eligible persons as possible the best service we can; but with the staffing available, the hospital will not be able to care for all eligible persons in this area," Lt. Meyer said.

The priority for care is as follows: 1) active duty personnel; 2) dependents of active duty and deceased active duty personnel; 3) retirees, dependents of retirees and dependents of deceased retirees.

NON-ACTIVE DUTY patients requiring care by one of the affected specialty areas in the Medical Center may anticipate more instances of referral to civilian health care providers under Champus. They should seriously consider obtaining supplemental insurance to pay for the portion of expenses not covered by Champus.

To aid with questions concerning the Champus program or supplemental insurance, the Health Benefits Counselor is available during working hours in bldg. 3022 or can be reached by calling

Lt. Meyer asked that all beneficiaries bear with the Medical Center during this trying period and stated that inconvenience can be minimized through judicious use of Medical Center facilities.

Based on all available recruiting information, the overall long-term outlook for doctor staffing in the uniform services does not appear promising. According to statements by the Services' Surgeons General to the House Appropriations Committee, the shortage of

doctors will grow more severe in the 1980's.

For new hospital

# Last piece of steel going up

by Janet Acres

The last piece of structural steel will go into place on the new Naval Regional Medical Center building next week as the \$17 million structure nears the end of its first year under construction.

The outpatient treatment area, a 92,380 square foot one story wing, is 50 to 60 percent complete. The high-rise section of the building, where inpatient care and support activities will be located, is 20 percent complete.

The facility is scheduled to open a year from now and construction is on target, according to Lt. Robert E. Elster, the Medical Construction Liaison Officer.

THE NEW HOSPITAL will provide better patient care in a more pleasant and convenient atmosphere, Lt. Elster said. The single building will replace the 55-building complex now housing clinics, wards and support facilities. The old buildings were constructed by the Army during World War II and are connected by a mile of ramps.

In contrast, the new building will provide centralized care for outpatients and inpatients. All outpatient clinics will be located in the one-story section of the building. Also in this area will be the support units normally associated with outpatient care, including the pharmacy, laboratory, radiology and physical therapy areas.

The emergency room, administrative areas, patient affairs and records section will also be located there.

Construction on this section is proceeding rapidly. The supporting framework and roof are in place and most of the studding is up. Rooms will begin taking shape next month as sheets of plasterboard begin to go up.

THE FIVE-STORY high-rise section will house inpatient care areas, mechanical systems and other support areas. This section is more like a typical hospital, whereas the outpatient section is more similar to a large professional building. A military hospital is unique, since both inpatient and outpatient services are in the same location. The first floor of the high-rise will include the



The large flat section of the building is the outpatient area, while the structural steel will become the five-story inpatient area.

# Solar systems included in facility

Energy will be an important focus of the new Naval Regional Medical Center facility, for the structure will be equipped with solar energy air conditioning and hot water heating systems.

The hospital will be the only one in the Navy equipped with a solar energy cooling system. The experimental unit is expected to draw worldwide attention.

Panels located on the top of the structure's outpatient area will provide up to 100 tons of cooling, about one-sixth of the building's total requirement. The panels will cover 8,480

square feet at a cost of about \$12 per square foot.

Another solar unit will provide 95 percent of the hospital's hot water needs. Boilers will provide steam for sterilization and will serve as a back-up for the solar unit. The solar water heating unit will be the largest in the Navy.

Orlando was selected as a site for testing solar air conditioning because of its geographic location, which provides maximum temperature and days of sunlight.

Please see page 5.

# Hospital to be ready next June

Continued from page 1.

cafeteria, engineering offices, patient/staff library, central sterile section, linen section and Navy Exchange.

The second floor will include the intensive and coronary care units, delivery suite, nursery, four operating rooms and a cystology room. The third floor will have 38 medical/surgical beds and eight pediatric beds and the fourth floor will have 45 medical/surgical beds.

The overall capacity of the hospital will be 104 beds, with support functions planned so additional beds can be easily added by building additional floors. All beds will be in one, two or four patient rooms.

Mechanical systems will be located in the floor between the second and third floors.

"THIS WILL BE a basic community hospital equipped for most surgical procedures. More complex procedures will still be referred to a high level institution," Lt(jg) Don Rosenbaum, Assistant Medical Construction Officer, explained.

A heliport adjacent to Lake Baldwin is being completed and will be used primarily for transporting patients by helicopter to and from other facilities when required.

In addition to the \$17 million for the hospital,

\$4 million has been appropriated to equip the hospital. A large portion of this money is being used to update radiology capabilities of the Medical Center.

In addition to standard X-ray equipment, the hospital will have ultra-sound, tomography, biplanar radiography and mammography equipment. Ultra-sound allows penetration of tissues without the use of radiation and is particularly beneficial for use with pregnant women, since radiation may harm a fetus. Tomography equipment is used to take X-rays of cross sections of the body and of soft tissues. Biplanar radiography is used to take a three-dimensional X-ray.

A sophisticated radiocommunications system also will be purchased. The system will allow ambulances to be tied in with the emergency room at the Medical Center or at other hospitals. Through it, for example, a doctor or corpsman will be able to tie into the electrocardiograph equipment from a distant location.

Another improvement will be the patient monitoring system. The intensive care and coronary care units will have monitoring equipment as will the recovery room. All three obstetrics labor rooms, and both delivery rooms will have fetal monitors.

# Hospital to have

# solar energy systems

Continued from page 1.

The Navy is incorporating the system into the new hospital as part of the Department of Defense's commitment to develop alternatives to use of fossil fuels.

While the solar system costs more to install than a conventional unit, its operating cost is much lower since it does not require electricity.

The Naval Facilities Engineering Command and the Naval Materiel Command will be carefully studying both solar systems to evaluate their efficiency.

THE HOSPITAL is the most energy efficient one now under construction, Lt. Robert E. Elster, Medical Construction Liaison Officer, said.

It has been designed with careful consideration to energy conservation. The materials used, design of air movement systems and insulation are among factors to save energy. Also, excess heat will be reused as much as possible to reduce heating requirements.

One of the structure's features is an energy monitoring and control system. This system will monitor air conditioning, lighting, heating and overall electricity use. It will also keep tabs on the status of the emergency generator.

The system will include a differential pressure mode to be used in case of fire. Sensors will detect the fire and exhaust fans will lower air pressure in the affected area while raising it in other areas. This action will contain the smoke in the immediate area of the fire.

# Visiting nurse handles home visits,

prenatal classes, other services

Bronceil Minter, the Navy Relief visiting nurse the matter with the me

Bronceil Minter, the Navy Relief visiting nurse works with the Navy Relief Society to provide a variety of services at no cost to eligible families.

At the present time the Navy Relief Visiting Nurse holds prenatal classes at the hospital every four to six weeks on Ward 17, visits the maternity ward three days a week to instruct new mothers on "at home" baby care, and visits patients who have problems or needs with which Navy Relief might be able to assist.

Visits are made routinely to the home of newborn babies. Follow-up visits are made to patients discharged from the hospital at the request of the medical officer.

These visits may be to provide a nursing service or to instruct a member of the family in care of the patient. In case of long term illness, visits may be made to give support by showing interest and

She also visits the Annex Clinic on Tuesday mornings and visits patients at Annex housing on Tuesday afternoons.

The nurse may provide transportation to the medical center or to the Navy Relief Office when no other means of transportation is available.

Requests for services of the Navy Relief

Requests for services of the Navy Relief Visiting Nurse may be made by contacting the Navy Relief Office at 646-5132 or by discussing the matter with the medical officer who will, in turn, contact the nurse. For more information you may call Mrs. Minter, NRMC Navy Relief Nurse at 646-5242.



Official Navy Photo

**Bronceil Minter** 

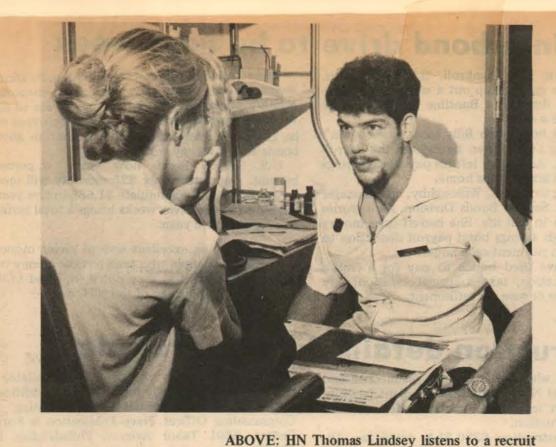






Letter of appreciation presented to LCDR M. A. Mintz, MC, USNR, by Captain Powell on 14 June 1978.





describe problems with her feet.

AT RIGHT: Dr. Al Saleker checks out a sprained ankle.



Advancement of HM1 R. A. Sitgreaves, USN, on 16 Jun 1978. CDR Turbiville congratulates HM1 Sitgreaves.

# Feet:

# Who cares, anyway—unless they're hurting

Photos, story by Janet Acres

Who thinks about feet?

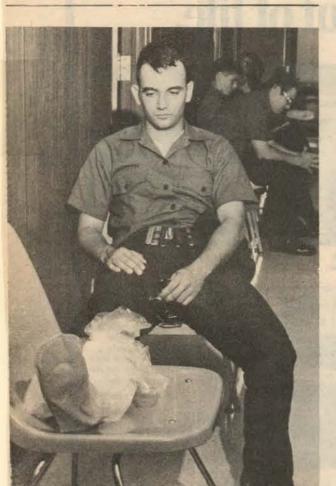
Almost no one, says Lt. Al Saleker, one of 15 podiatrists in the Navy. Almost no one does at all—until they hurt.

Dr. Saleker works at the Podiatry Department of the Naval Regional Medical Center. The department is headed by LCdr. Robert T. Roy, also a podiatrist. Other staff members are Hospitalman Wayne Price and Hospitalman Thomas Lindsey.

Each month the clinic takes a look at 2,400 feet, mostly belonging to recruits in training at Recruit Training Command.

"People ask me how I can stand to look at feet all day—but it's really not bad," commented Dr. Saleker. "Actually, it's very interesting."

A typical day brings in a whole gamut of



Seaman Recruit James R. Stewart gets an ice pack on his sprained ankle.

problems—corns, blisters, ingrown toenails, flat feet and so on. The typical patient arrives limping, often wincing as he or she tries to walk without putting pressure on a blister or corn.

"You've heard the old axiom, 'When your feet hurt, you hurt all over," Dr. Saleker said. "Well, there's a lot of truth in it."

AS HE SPOKE, HN Price was examining a huge blister on a jogger's heel.

"Now, that probably happened because he started out too fast," Dr. Saleker advised. "You've got to start slow and run on grass or sand if you can. Also, a jogger needs proper fitting shoes with good support."

Dr. Saleker advised joggers to wear thick socks and to change them each time they jog. A good anti-fungal foot powder is advisable, too, he said.

"Every day the average person takes 20,000 steps and puts a total of 900 tons of weight on their feet. Running adds a lot to that, so it's not surprising that problems develop," the doctor said.

THE MAJORITY OF patients are having problems because they are exercising more than they are used to and are wearing new shoes. A larger percentage of women recruits have problems, Dr. Saleker says, since they generally tend to be less used to physical exercise and have weaker feet.

Stress fractures, or weakening of the bone from excessive exercise, are common. Blisters, ingrown toenails and athlete's foot also occur frequently.

Dr. Saleker said Navy shoes are generally healthy for the feet. However, he recommends leather shoes rather than those made of synthetic materials.

"Leather shoes breathe, whereas the others don't. They create perfect conditions for athlete's foot," he explained.

AND WHAT ABOUT feet in general?

"Well, people don't think enough about their feet. They don't practice prevention. Instead, they wait till they're in pain," the podiatrist said, shaking his head.

The worst thing people do to their feet, he said, is buy shoes for style rather than for fit and comfort.

"Like those tall heels and platforms. A lot of women fall and sprain their ankles—but they wear them anyway," he said. "And pointed toes—let's face it, we don't have pointed feet. They're coming back in style and they're very bad for feet."

He held up a copy of the April "Journal of the



HN Wayne Price examines a blister on a jogger's heal.

American Podiatry Association."

"An article in here tells about the psychology of shoes. People will buy shoes because they're stylish and wear them no matter how uncomfortable they are," he said.

Dr. Saleker recommends sensible shoes—low heeled, lace-up oxfords, but conceded that most women would not dream of wearing such "little old lady" shoes.

As Dr. William A. Rossi says in the article Dr. Saleker pointed out, "Despite all the warnings and urgings from medical sources, the majority of the public is not going to change over to "sensible" shoes, styles, heels, etc.—no more than it can be expected to give up tobacco, whiskey or sin."

And so, Dr. Saleker said, "The best we can do is advise people, hope they listen and then say, 'I told you so' and help them when they get into problems."

Thursday, June 15, 1978-THE NAV-A-GATOR-





To be completed next June

# New NRMC facility 'topped out' last week

Photos, story by Janet Acres

The Naval Regional Medical Center's new building was officially "topped out" last week when the last beam, with a tree attached, was lifted into place.

Iron workers traditionally send a tree up with the final beam, signifying the end of their portion of the work as the framework of a structure is completed.

RAdm. Brad Mooney, Commander, NTC, and Captain Alton Powell, Commanding Officer, NRMC, signed the beam before it was hoisted atop what will be the tallest building aboard the Naval Training Center.

Iron workers, the Resident Officer in Charge of Construction (ROICC) and other guests attended the ceremony. ROICC is in charge of administering the contract.

THE \$17 MILLION structure was begun last July and is expected to be completed next June. It includes an outpatient treatment area which is 60 percent complete, and a five-story inpatient and support section now 20 percent complete.

The hospital, will be the only one in the Navy equipped with a solar energy cooling system. The experimental unit is expected to draw worldwide attention.





Official Navy Photo

TOPPING OUT
Above, Capt. Powell and RAdm. Mooney sign the beam. At left, it goes up to its spot at the top of the structure.













on 27 Jun 1978. Pictures with her are Captain Redgate, Chief Nurse, and CDR Armstrong's mother, sister and nephew.

# Defense Department announces Cooperative Care

A new plan that blends Champus and the Uniformed Services' direct care medical systems has been unveiled by the Defense Department to provide patients with the best possible care while reducing medical costs. It will go into effect on July 1.

Known as Cooperative Care, the plan calls for Champus and the direct care systems to complement each other whenever possible. Champus will share the cost for many services and supplies received from civilian sources by eligible individuals who remain under primary control of a Service medical

THE BIG WINNER in this move is the patient, according to Major General Benjamin R. Baker, USAF, Deputy Assistant Secretary of Defense for

Health Resources and Programs. "In addition to making available services and supplies that are beyond a Service facility's medical capabilities and the Service's financial resources, the plan will reduce a patient's expenditures," Baker

Baker explained that Champus benefits could previously be considered only when a patient was completely released from the jurisdiction of a Service medical facility. The patient then bore a portion of the cost for each and every aspect of the care for

which there was an applicable Champus cost share. With Cooperative Care, Baker pointed out, the patient's financial responsibility under Champus involves only a portion of the care - that portion that cannot be provided at the Service facility.

"In effect, we had two separate and distinct systems of medical care within the Uniformed Services with no potential for crossover between the two," Baker said. "A patient could use either one for a particular problem, but could not use both at the same time. Funding and adminstrative considerations made it impossible to blend the two.

"The real loser was the patient when Service facilities could not provide the total scope of needed medical care and a Service could not fund the care from a civilian source through the supplemental care portion of its direct care system.

COOPERATIVE CARE enters the picture when the commander of a Service medical facility determines that a portion of required medical care is beyond the capability of that facility or any other local Federal medical facility or program for which the patient is eligible. It cannot be used when all

aspects of the care are beyond this capability. To be considered for Cooperative Care, the benefit must meet all Champus requirements. That is, it must be a service or supply that Champus covers and must be obtained in the setting Champus prescribes. Also, the patient must be eligible for Champus, and care must be furnished by a Champus-authorized provider. When required by the Champus Regulation, a Service physician must maintain management (oversight) as would an attending or

supervising civilian physician.

Before turning to Champus under Cooperative Care, a patient must obtain a special form—Standard Form 513- from the commander of a Service medical facility or the commander's designated representative. A copy of this form must be submitted with each Cooperative Care claim filed under Champus.

THE FOLLOWING types of care may be obtained from civilian sources on an inpatient or outpatient basis (unless otherwise specified) as part of Cooperative Care:

-authorized nondiagnostic medical services such as physical therapy, speech therapy, radiation therapy, and private duty (special) nursing care -preauthorized adjunctive dental care, including orthodontia related to surgical correction of a cleft

-durable medical equipment if the equipment is not available on a loan basis from a Service medical

-prosthetic devices (limited benefit), orthopedic braces and appliances

-optical devices (limited benefit) -civilian ambulance transportation to a Service hospital, provided the transportation is ordered by someone other than personnel of a Service's direct

-all care under the Champus Program for the

-THE NAV-A-GATOR-Thursday, June 29, 1978

-psychotherapeutic or psychiatric care Cooperative Care will be retroactive to June 1. Champus contractors -- the organizations that process and pay claims - have been instructed to reopen any previously denied case of this type that come to their attention.

CERTAIN TYPES OF medical care provided by civilian sources when the patient remains under primary control of a Service medical facility that cannot provide complete care will continue to be funded at all times through the appropriate Service's direct care system. This continues to be known as supplemental care and includes:

-all specialty consultations to establish or confirm

-all specialty consultations to recommend a course of treatment

-all diagnostic tests, diagnostic examinations, and diagnostic procedures ordered by a qualified Uniformed Services medical treatment facility provider - includes CAT scans and genetic testing

-prescription drugs and medical supplies -civilian ambulance service ordered by Uniformed Services medical treatment facility personnel

-all medically necessary services for patients not entitled to Champus benefits when professional considerations preclude obtaining them through alternate sources, except when the patient is completely released to a civilian provider.

IN SOME INSTANCES primary responsibility for management of a patient's problem will be released by a Service facility and assumed by a civilian provider. This procedure is known as disengagement.

Generally, disengagement occurs when it is medically advisable for the civilian provider to assume primary responsibility. If the patient is eligible for Champus, benefits can be extended under that program, in accordance with its rules and

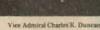
The disengagement decision rests with the commander of the Service hospital.



# Highlights of NTC Orlando's 10 year history

# NTC ORLANDO COMMISSIONS









Heads NTC

Orlando

VADM Duncan The The Orlando RECR on Platform for Rites

UNDER SECRETARY OF THE NAVY

1st issue

NTC

turns

The Chief, Bareau of Naval Personal will be among the high-ranking dignitaries and participating in the commissioned greenous participating in the commissioned for the Naval Disease, 1983, will introduce the main speaker at the commissioned for the Naval Disease, 1983, will introduce the main speaker at the commissioned for the Naval Charles ("Bairta").

Charles ("Bairta") of the Naval Disease ("Bairta") of the Naval Disease ("Bairta") of the Naval Disease ("Bairta").

Charles ("Bairta") of the Naval Disease ("Bairta") of the Naval Dise

named the "Recruit," appeared July 1, 1968, the

day the Naval Training Center was commissioned.

The first copy of the station newspaper, then

May, 1967: Construction began at NTC.

Oct. 1, 1968: The first recruits arrived at RTC to begin training. Dec. 12, 1968: The first Recruit Brigade Review was held. May 9, 1969: The Bluejacket I was "launched" at RTC.

Nov. 1, 1969: Service School Command was commissioned. At the time the Class "A" Personnelman School and the Naval Advanced Undersea Weapons School were part of the command. Oct. 19, 1970: The Recruit In-Processing Facility was

Jan. 22, 1971: The 100th Recruit Brigade Review was held. March 3, 1971: The Recruit Dispensary and Dental Clinic was

June 11, 1971: A temporary enlisted men's club opened. July 25, 1971: Ground was broken for the new Navy Exchange

June 20, 1972: Recruit training for women began its move from Bainbridge to Orlando as the Wave staff began to arrive. Feb. 2, 1973: The 200th Recruit Brigade Review was held.

April 1, 1974: Men's and women's recruit training combined. April 19. 1974: Ground broken for the Nuclear Power School. July 1, 1974: The 306th Bomb Wing was inactivated at McCoy Air Force Base and the Navy officially assumed control of the base as the NTC Annex at McCoy.

Aug. 9, 1974: Ground was broken for a 300-unit housing development at the Annex.

Oct. 18, 1974: The Navy announced the move of the Mare Island Nuclear Power School to Orlando.

Feb. 7, 1975: The 300th Recruit Review was held. March 17, 1975: The Club Mariner opened. June 1, 1975: The NTC Commissary closed. June 16, 1975: The Navy Orlando Federal Credit Union building

1976

March, 1976: Construction on the Naval Regional Medical Center Warehouse began. Building this facility was a prelude to building the new Naval Regional Medical Center facility. March 1, 1976: Male recruits were no longer issued rifles after

March 15, 1976: Women began receiving the same training in fire fighting and damage control as men, ending differences in the training they received.

May, 1976: The Hobby Shop Complex opened. June 30, 1976: The old crackerjack uniform was worn at NTC

for what was believed the last time. July 12, 1976: Ground was "extracted" to kick off construction

of the Naval Regional Dental Center facility. Oct. 1, 1976: The Naval Administrative Command and Naval Regional Dental Center were commissioned. Enlisted Dining Facility 3 opened.

Aug. 23, 1976: The second increment of the Nuclear Power School opened.

Feb. 1, 1977: Recruit training was shortened to eight weeks. Feb. 4, 1977: The 400th Recruit Graduation Review was held. March 25, 1977: The 200,000th recruit passed in review. May 16, 1977: The new Navy Exchange cafeteria opened. July 6, 1977: The Naval Regional Dental Center opened.

March 6, 1978: Capt. Brad Mooney, the Commander, NTC, was promoted, becoming the first flag officer to head the Center. April, 1978: The Navy announced that all training for enlisted and officer recruiters will be consolidated at the NTC Annex.

June 1, 1978: The NTC Annex chapel was named McCoy Chapel in memory of Col. Michael McCoy.



LT Robert H. Upton, MC, USNR, presented with a letter of appreciation on 29 Jun 78.



LCDR James A. Beil, MSC, USN, presented with a letter of commendation on 29 Jun 78.

### A step backward 10 years places us at a Naval Training Center and in an Orlando we would hardly

In fact, 10 years ago today, the Naval Training Center did not officially exist. It was commissioned

Orlando had been a small spot in the center of the Florida map for a long time, but 10 years ago Walt Disney World also did not exist.

Taking a look at the Training Center, one would find many familiar landmarks and buildings missing. Recruit Training Command was under construction, with the first recruits scheduled to

arrive for training Oct. 1. IT WAS A QUIET little base. The Navy Exchange, Enlisted Dining Facility 3, Nuclear Power School, the enlisted men's club, bachelor enlisted quarters,

dental clinic, hobby shop and many other buildings had yet to be built. The south end of the base was occupied only by old one-story buildings used as barracks.

Many people who came to work for the Navy in 1968 had been working for the Air Force for years prior to that. The base had been built by the Army Air Corps during World War II, then occupied by the

The Air Force was leaving when the Navy began arriving. One of the first signs of Navy presence was an anchor, the one located in front of the Naval Training Equipment Center's exhibit center. With the help of some airmen, the anchor was as likely to end up by the shore of Lake Baldwin or somewhere on the south end of the base as it was to be in front of

Many people around the Naval Training Center today know Paul Finn, manager of the Petty Officer's Club. Few know he was the first chief petty officer to arrive here. He came in 1967 from Great Lakes, where he had been a company commander, to help get the Naval Training Center ready to open.

"I never expected it to grow the way it has," the retired senior chief said.

Finn was assisting Cdr. Joe Ball, who headed the

detachment sent here to prepare for the com-

missioning July 1.

was dedicated.

THE SUMMER AND early fall of 1968 were spent preparing for recruits to arrive. The first young men came aboard Oct. 1 and passed in review Dec. 12. Women were still training in Bainbridge and began moving here four years later, on June 20, 1972. The first coed graduation was held on Sept. 22, with 688 men and 101 women passing in review.

This period was a turning point for the Naval Training Center. The Vietnam conflict was ending and its end signaled a change. Where military installations had been expanding, they began cutting

Many were scheduled for closing. Fortunately, NTC Orlando was not one of these. Instead, it was chosen as a site for expansion.

THE NAVY ANNOUNCED that a Nuclear Power School would move to Orlando from Bainbridge, Md., and construction of new buildings began in April,

Then, in October, 1974, the Navy announced the Mare Island Nuclear Power School would move here, making NTC the site of the Navy's only school.

Construction on the first NPS increment was

completed in October and the first class began in November, 1975. The move from Bainbridge was completed at this time and the move from Mare Island was completed in 1976.

While cutbacks continued in other locations, growth went on here. The Enlisted Navy Recruiter Orientation (ENRO) Detachment and the Basic Electricity and Electronics School opened in July

Last year construction of a new Naval Regional Medical Center facility began. This year the Navy announced it would consolidate all recruiter training at the NTC Annex, formerly the McCoy Air Force Base. The Basic Electricity and Electronics School is scheduled to expand during the next few years.

Presently, the Navy is considering closing either the San Diego or Great Lakes Naval Training Center. Closing either would increase the number of recruits trained here in Orlando.



CDR Leon M. Roach, MSC, USN, presented a letter of commendation on 29 Jul 78.



Promotion of CWO2 Fredrick Schultz, USN, on 5 July 1978. Pictured with him are CAPT Sandri, Chief of Internal Medicine, and Mrs. Schultz and his son.



LCDR Joseph R. Risko, MC, USNR, given a letter of appreciation on 29 Jun 1978.





Transfer to Fleet Reserve.....

HM1 Rudy J. STATEN, USN 12 July 1978



upon transfer to USS MOUNT WHITNEY (LCC- 20) NAVY COMMENDATION MEDAL .....



Chief Pfeiffer gets medal

Chief Petty Officer August E. Pfeiffer, manager and supervisor for data processing service at the Naval Regional Medical Center, has received the Navy Commendation Medal for his outstanding service.

During his tenure, Chief Pfeiffer developed and implemented a management system to provide day-to-day fiscal resource evaluation and a mechanized supply support program to more effectively comply with the Bureau of Medicine and Surgery directives.





HM2 ANTHONY R. FERGUSON, USN PATIENT AFFAIRS SERVICE

JULY - SEPTEMBER 1978 13 July 1978





LETTER OF APPRECIATION... on separation...

LCDR JOHN J. LAFFERTY, MC, USNR





ADVANCEMENT TO E6 - Captain A. L. POWELL, MC, USN, Commanding Officer of NRMC, congratulates Hospital Corpsman First Class Curtiss H. TURNER, Jr., on his advancement to E6.



ADVANCEMENT TO E9 - Captain A. L. POWELL, MC, USN, Commanding Officer of NRMC, congratulates Master Chief Hospital Corpsman Fred N. STEPP on receiving his permanent appointment to MCPO.

17 July 1978



ADVANCEMENT TO E7 - Captain A. L. POWELL, MC, USN, Commanding Officer of NRMC, congratulates Chief Hospital Corpman Richard A. NANNI, on his advancement to E7.19118



NRMC ADVANCEMENTS TO E5 - Captain POWELL offers congratulations to (left to right) HM2 Robert SPINDLE; HM2 Stephen P. FOSTER; DT2 Patricia WARDEN; and HM2 William J. WALKER.



NRMC ADVANCEMENTS TO E4 - (Front row, left to right) HM3 John W. LEGGETT; HM3 Thomas R. LINDSAY; HM3 Joseph F. NASH; HM3 Gerald W. PRICE; HM3 H. K. RICHARDSON and HM3 Edward SANDERSON. (Back row, left to right) HM3 Kenneth LANGFORD; HM3 Janet M. SAUER; HM3 George SCHADEMAN; Captain POWELL; HM3 Randall K. STRICKLAND; HM3 John W. TOBIN and HM3 Sherri L. ROBERTS.



LETTER OF APPRECIATION.... ON DEPARTURE...

LCDR R. N. DEIDRIO, MC, USNR



NRMC ADVANCEMENTS TO E4 - (Front row, left to right) HM3 Thomas J. ABBOTT; HM3 Dennis BAKER; HM3 Larry BROWN; HM3 Richard D. BROWN; HM3 Randall L. BRUNS and HM3 Robert G. GAGNON. (Back row, left to right) HM3 Gary L. HALLUM; HM3 Mark A. HAUSER; Captain POWELL; HM3 Brian G. HURN and HM3 Gillian KAEBISCH.



PROMOTION.....

LT WILLIAM C. THAMES, MSC, USNR



PROMOTION.....

LT MICHAEL F. DOWDELL, NC, USNR





LETTER OF COMMENDATION.....

MMCS HAROLD T. HILL, USN



On transfer to NNMC Bethesda... Letter of Commendation

LT MICHAEL MEYER, MSC, USN 27 Jul 18



Letter of Commendation ... on release from active duty...

LCDR JACK G. BEAULIEU, MC, USNR 27 Jul 78



Letter of appreciation presented to LCDR J.

HUDSON, MC, USNR, on 1 Aug 78 by Capt
Powell, commanding officer.



with letter of commendation on 15 Aug 78



Letter of appreciation for participation in Navy Relief Fund Drive presented to LTJG Richard J. Walsh, MSC, USN 1 ang 78



a letter of commendation on 15 Aug 78.

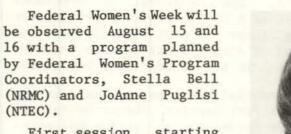


Letter of appreciation for participation in Navy Relief Fund Drive presented to HM3 Scott Sturzbecker, USN. 1 aug 78



Promotion of LCDR H. A. DOMINGUEZ, MC, USNR, on 10 August 1978. Captain Powell and Mrs. Dominguez pictured with him.

### CENTER LINE 3



First session, starting at 0800 August 15, will be opened with remarks by CAPT T.F. Mullane, Commander NTC.

Dr. Scott Condie and Dr. John Treharne, both of NRMC, will cover preventive medicine techniques and symptoms of possible medical programs.

At 1000 Marilyn Crotty of East Central Florida Regional Planning Council will discuss various ways to become involved in community affairs.

Arrangements for the luncheon to be held at the Mariners Club are in the planning stage, but there will be a speaker. (See program for details as to luncheon price and tickets).

Captain D.H. Westbrock, NTEC C.O., will open Wednesday's session, followed by John Wyckoff, project coordinator for the New Airport Terminal Development, who will give an overview of the planned International Airport.

At 1000 a workshop on "Goal Setting" will be conducted by Connie Pirkle of Valencia College.

The luncheon at 1130 will feature Mary Jane Carrolle, fashion coordinator for Burdines Department Stores.

### Federal Women's Program Coordinators





Joanne Puglisi, NTEC

# GOALS

The goals of the Federal Women's Program are not radical. They are based on the assumption that a woman is a human being and has the right to choose what she would like to do with her life; that she should have the opportunity to try, and if she fails, have the opportunity to try again. The FWP goals are not designed to force women to work. They are to provide opportunities for those women who have to work or who want to work.

# August is Federal Women's Month

AUGUST 3, 1978



WOMEN THIRD CENTURY

FEDERAL WOMEN'S WEEK

AUG. 15-16

NTC CONFERENCE FACILITY BLDG. 2091

SPONSORED BY TRI-COMMAND FWP Doris Kelly, X5608

### PROGRAM August 15, 1978 0800 - Opening - CAPT T.F. Mullane, NTC 0830 - "Medi-Facts" - Dr. Scott Condie, NRMC

Dr. John Treharne, NRMC 1000 - "Community Involvement" - Marilyn Crotty East Central Florida Region Regional Planning Council 1130 - Luncheon (Mariners Club) Roast Beef or Chef's Salad

August 16, 1978

0800 - Opening - CAPT D.H. Westbrock, NTEC 0830 - "Your International Airport" John Wyckoff, Project Coordinator for the New Airport Terminal Development 1000 - "Goal Setting" - Connie Pirkle, CCEW, Valencia Community College

1130 - Luncheon (Mariners Club) Mary Jane Carrolle, Fashion Coordinator for Burdines Menu: Roast Chicken or Tomato Supreme

Luncheon tickets must be purchased no later than 4 PM, August 11, 1978. Price: \$3.20

Marilyn Anderson, X4722 Virginia Hermle, X5165

Patti Lyles, X4702 Stella Bell, X5603

ANOTHER CHANGE of command ceremony is com-Ing up at Orlando Naval Training Center on Aug. 17.
Captain Alton L. Powell, commanding officer of the Naval Regional Medical Center at Orlando, will be

**Hush Puppies** 

Charlie Wadsworth Sentinel Star, Saturday, August 5, 1978



relieved by Captain James A. Zimble at 10 a.m. in a ceremony to be held at the medical center.

Capt. Powell subsequently will retire. The Powells

plan to remain in the community. They'll be a fine addi-

# CHANGE OF COMMAND



NAVAL REGIONAL MEDICAL CENTER ORLANDO, FLORIDA

> THURSDAY 17 AUGUST 1978 AT TEN O'CLOCK



presented the Meritorious Service Medal on 16 Aug 1978. Mrs. Armstrong looks on.



Advancement...to HM2 for Norman J. Grubb, USN, on 16 Aug 1978.



# **Ceremony next Thursday**

# Capt. Zimble to take helm at NRMC

Captain James A. Zimble will take the helm at the Naval Regional Medical Center next Thursday at 10 a.m.

Capt. Zimble relieves Captain Alton L. Powell III, who has served as commanding officer there since August, 1975.

Rear Admiral Eustine P. Rucci will represent the Surgeon General of the Navy at the ceremony. The following day he will serve as reviewing officer at the Recruit Graduation Review. RAdm. Rucci is a member of the staff of Commander Training Command, Atlantic and Commander in Chief, U.S. Atlantic Fleet, Norfolk.

Captain Zimble comes to Orlando from the position of director, clinical services at the Naval Regional Medical Center, Long Beach, Calif. He assumed this position in 1976.

Prior to that he served as director, clinical services, at the Naval Hospital, Lemoore, Calif., from 1972-1976.

The captain received his Doctor of Medicine degree from the University of Pennsylvania School of Medicine.

Capt. Powell is retiring after 30 years of service. He earned his Doctor of Medicine degree at the Medical College of Virginia in 1954. Prior

to his present assignment, Dr. Powell served as the deputy commanding officer and director of



Official Navy Photo

Captain James A. Zimble, Medical Corps,

clinical services at the Naval Regional Medical Center, Jacksonville.



Official Navy Photo

Captain Alton L. Powell, Medical Corps,



Captain Powell presents a Permanent Appoint ment to E-8 to CWO2 George Eubanks, USN



Captain Powell presents a Permanent Appointment to E-9 to CWO2 Richard Hamby, USN.

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CAPTAIN ALTON L. POWELL, MEDICAL CORPS, U.S. NAVY



Captain Alton L. Powell, III was born in Richmond, Virginia, on 17 October 1928. After completing high school, he entered the Citadel, where he completed two years of study, and then he transferred to the University of Virginia, obtaining a Bachelor of Arts Degree in 1950. Continuing his education, he received his Doctor of Medicine degree at the Medical College of Virginia in 1954. He served his internship from 1 July 1954 to 30 June 1955 at the Winchester Memorial Hospital, Winchester, Virginia. He then spent three years of residency in Obstetrics-Gynecology at the Medical College of Virginia, Richmond, Virginia.

Doctor Powell entered the U.S. Navy in July 1958 and reported to the Station Hospital, U.S. Naval Air Station, Patuxent River, Maryland. He later served as Chief of Obstetrics and Gynecology and Assistant Medical Officer at the Station Hospital, Naval Air Station, Port Lyautey, Kenitra, Morocco until 1963. After completing a three year tour of duty at the Naval Hospital, Portsmouth, Virginia, he reported to the Naval Hospital, Beaufort, South Carolina as Executive Officer, and Chief of Obstetrics and Gynecology. Captain Powell Served as Deputy Commanding Officer, and Director of Clinical Services at the Naval Regional Medical Center, Jacksonville, Florida from July 1973 to August 1975. Since 8 August 1975, Captain Powell has

been the Commanding Officer, Naval Regional Medical Center, Orlando, Florida. Captain Powell is married to the former Betty Wilke of Richmond, Virginia. Their children are Richard 18, Elizabeth 16, and Jeffrey 13. They intend to maintain their residence in Winter Park.

# **PROGRAM**

ARRIVAL OF OFFICIAL PARTY

*RUFFLES AND FLOURISHES *ADMIRALS MARCH
*NATIONAL ANTHEMNAVY BAND
*INVOCATION
REMARKS Rear Admiral Eustine P. RUCCI, MC, USN
REMARKS AND READING OF ORDERS Captain Alton L. POWELL, III,

MC, USN REMARKS AND READING

OF ORDERS ......Captain James A. ZIMBLE, \*BENEDICTION . . . Lieutenant Commander Ira D. CARTEE,

CHC, USNR

\*OFFICIAL PARTY DEPARTS

RECEPTION . . . . . . . On lawn adjacent to Building 3000

\*Guests are requested to stand

Music by the Naval Training Center Band



presented the Meritorious Service Medal on 16 Aug 1978. Mrs. Armstrong looks on.



Advancement ... to HM2 for Norman J. Grubb, USN, on 16 Aug 1978.

# Serving Navy Orlando

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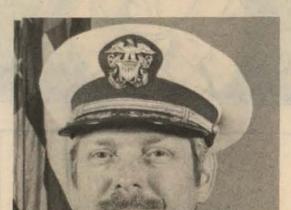
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Official Navy Photo

Captain James A. Zimble, Medical Corps, U.S. Navy



Captain Alton L. Powell, Medical Corps, U.S. Navy



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CAPTAIN JAMES A. ZIMBLE, MEDICAL CORPS, U.S. NAVY



Captain Zimble was born in Philadelphia, Pennsylvania, on 12 October 1933, the son of Mr. and Mrs. Nathan N. Zimble. Captain Zimble acquired his Bachelor of Science degree at Franklin and Marshall College, Lancaster, Pennsylvania, and in 1959 received his Doctor of Medicine degree from the University of Pennsylvania School of Medicine. He was a member of the Naval Reserve as a medical student from 1956

Doctor Zimble served a rotating internship from 1959 to 1960 at U.S. Naval Hospital, St. Albans, New York. From 1960 to 1961 he attended the Deep Sea Diving School, Naval Gun Factory, Washington, D.C.; the Officer's Basic Course and the Special Radiation Control and Health Physics Course, U.S. Naval Submarine School, New London, Connecticut; and nuclear power training at the Nuclear Reactor Prototype, West Milton, New York. He was subsequently assigned to the USS JOHN MARSHALL (SSBN-611) where he served as the plank owner medical officer of the Blue Crew. Captain Zimble received residency training in Obstetrics and Gynecology at U.S. Naval Hospital, St. Albans, New York, from 1962 to 1966. His subsequent assignments include: 1966-1970 Obstetrics/Gynecology staff, Naval Hospital, Camp Pendleton, California: 1970-1972 Obstetrics/Gynecology staff, Naval Hospital, Philadelphia, Pennsylvania; 1972-1976 Director, Clinical Services, and Chief, Obstetrics/Gynecology Service, Naval Hospital, Lemoore, California; and 1976-1978 Director, Clinical Services, Naval Regional Medical Center, Long Beach, California. Captain Zimble's military awards include the Navy Commendation Medal and Navy Meritorious Unit Citation. He is a diplomate of the American Board of Obstetrics and Gynecology, a Fellow of the American College of Obstetricians and Gynecologists, A Fellow of the American Military Surgeons of the United States, and a Member of the Inter-Agency Institute for Federal Health Care Executives.

Captain Zimble is married to the former Janet Bailey of Westfield, New Jersey. They have a total of six children, two boys and four girls, ranging in age from 5 to 16. REAR ADMIRAL EUSTINE P. RUCCI, MEDICAL CORPS, U.S. NAVY



RADM Eustine Paul Rucci was born in Waukesha, Wisconsin, 4 February 1929, the son of Mr. and Mrs. S. J. Rucci. He received his M.D. degree from the Marquette University School of Medicine in 1954 and came on active duty to commence his internship at the Naval Hospital, Great Lakes, Illinois.

Upon completion of internship in June 1955, he reported to the School of Aviation Medicine, Pensacola, Florida, where he was designated a Naval Flight Surgeon in December 1955 and was assigned to Fleet Air Support Squadron 201.

In August 1957 he commenced residency training in obstetrics and gynecology at Naval Hospital, Great Lakes, Illinois, and from August 1960 to June 1963 served on the staff at Naval Hospital, Camp Pendleton, California. He reported for duty as Senior Medical Officer, NAS, Kenitra, Morocco until 1966 when he was assigned to the Personnel Division of the Bureau of Medicine and Surgery, Washington, D.C., as Head, Assignment and Distribution Branch. He served as Senior Medical Officer, USS HANCOCK (CVA-19) in 1968 and 1969 and on the OB/GYN staff of Naval Hospital Bathasda, Manual Manual Lake 1970. He then reported to Naval Hospital. Hospital, Bethesda, Maryland, until July 1970. He then reported to Naval Hospital, Camp Pendleton, California, as Chief, Obstetrics and Gynecology, and assumed the duties of Executive Officer of Naval Hospital, Camp Pendleton, California, from August 1971 until reporting as Commanding Officer, Naval Regional Medical Center, Long Beach, California, from 15 May 1974 to 12 August 1977. In September 1977 he was assigned to the staffs of Commander Training Command, Atlantic, and Commander in Chief, U. S. Atlantic Fleet, Norfolk, Virginia.

In addition to the meritorious service medal, RADM Rucci wears the Navy Unit Commendation Ribbon, the Navy Occupation Service Medal, the National Defense Service Medal, the Vietnam Service Medal, the Republic of Vietnam Gallantry Cross Unit Citation and the Republic of Vietnam Campaign Medal.

He is a member of the American Medical Association, the Association of Military Surgeons of the United States, the Society of U. S. Navy Flight Surgeons, a Fellow of the American College of Obstetrics and Gynecology, a Diplomate of the American Board of Obstetrics and Gynecology; and an Honorary Member of the Fleet Reserve Association. Hospital, Bethesda, Maryland, until July 1970. He then reported to Naval Hospital,

The Admiral is married to the former Elena Sawyer of Mexico City and Milwaukee, Wisconsin. They have four sons: Peter 23, a graduate of the U. S. Naval Academy, Class of 77; Robert, 21; Thomas, 17; and John, age 11.

Serving Navy Orlando Aug. 10, 1978 Vol. 11, No. 6

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Captain James A. Zimble will take the helm at the Naval Regional Medical Center next Thursday at 10 a.m.

Capt. Zimble relieves Captain Alton L. Powell III, who has served as commanding officer there

since August, 1975. Rear Admiral Eustine P. Rucci will represent the Surgeon General of the Navy at the ceremony. The following day he will serve as reviewing officer at the Recruit Graduation Review. RAdm. Rucci is a member of the staff of Commander Training Command, Atlantic and Commander in Chief, U.S. Atlantic Fleet, Norfolk.

Captain Zimble comes to Orlando from the position of director, clinical services at the Naval Regional Medical Center, Long Beach, Calif. He assumed this position in 1976.

Prior to that he served as director, clinical services, at the Naval Hospital, Lemoore, Calif., from 1972-1976.

The captain received his Doctor of Medicine degree from the University of Pennsylvania School of Medicine.

Capt. Powell is retiring after 30 years of service. He earned his Doctor of Medicine degree at the Medical College of Virginia in 1954. Prior to his present assignment, Dr. Powell served as the deputy commanding officer and director of

clinical services at the Naval Regional Medical Center, Jacksonville.



Official Navy Photo

Captain James A. Zimble, Medical Corps, U.S. Navy



Captain Alton L. Powell, Medical Corps, U.S. Navy



Captain Powell presents a Permanent Appoint ment to E-8 to CWO2 George Eubanks, USN



Captain Powell presents a Permanent Appointment to E-9 to CWO2 Richard Hamby, USN.



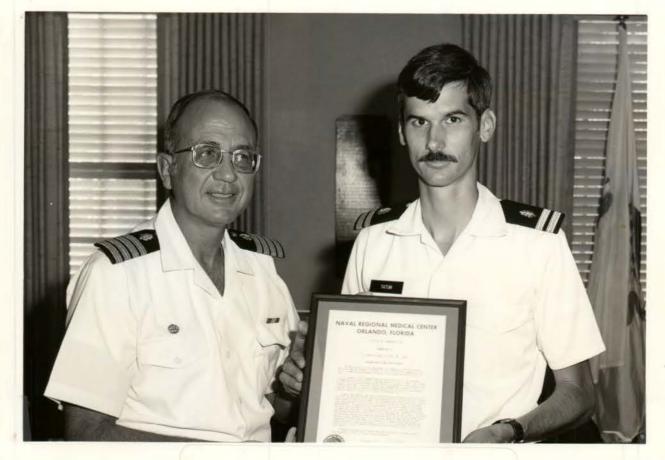
LCDR Carl A. Armstrong, Jr., MSC, USN, presented the Meritorious Service Medal on 16 Aug 1978. Mrs. Armstrong looks on.



Advancement ... to HM2 for Norman J. Grubb, USN, on 16 Aug 1978.



To: Captain W. J. Schefstad, MC, USN



To: LT John Tatum, MC, USN



To: Commander L. H. Turbiville, MSC, USN



To: LT R. L. Smith, MSC, USN



To: Captain Janet M. Redgate, NC, USN



To: HMCM J. H. Phillips, USN



To: HMCM R. C. Clements, (SS), USN



To: HMCM William Callicott, USN

Presentations to Captain Powell on 16 August 1978 .....



Photo display...presented by HMCM R. C. CLEMENTS



Shadowbox...presented by HMCM John H. PHILLIPS, Master Chief Petty Officer of the Command



NRMC Plaque...presented by HMCM Robert CLEMENTS

CHANGE OF COMMAND 17 August 1978































Letter of appreciation for LCDR Arthur Hall, MC, USNR presented on 25 Aug 1978.









Captain Zimble presents 20 year pin to Mrs. Jean DeVinny. Mrs. Rose Jepson was also awarded her 20 year pin and Mr. H. G. Wilkerson was awarded his 30 year pin.



Augmentation of LT M. P. GENTRY, MSC, USN, on 25 Sep 1978



Augmentation of LT M. F. DOWDELL, NC, USN, on 25 Sep 1978





Captain A. L. POWELL, III, MC, USN, retires from active duty on 29 Sep 1978.









Farewell to BETTY JOHNS, Patient Affairs, 28 Sep 1978. Letter of appreciation presented.



Farewell to our Postmistress, Mrs. Billie McCawley, on 28 Sep 1978



CAPT J. A. Zimble, MC, USN, CO, Naval Regional Medical Center, accepts a piece of the cake from HMCM Phillips. 13 Oct 1978

THE NAV-A-GATOR - Thursday, December 7, 1978

# Pediatric Clinic Treats Children With Care

Care, concern and a generous amount of patience are the necessary qualifications when treating sick children.

A good place to find men and women with these qualifications is the Pediatric Clinic at the Naval Regional Medical Center (NRMC).

Every day four pediatricians, a nurse practioner and three hospital corpsmen handle 100 to 120

The clinic also receives more than 100 calls a day from parents about all sorts of things, including pills and household cleaners their children have taken, playground accidents, etc.

The Pediatric Clinic is directly behind NRMC's Administration Building. Children receiving care must be military dependents, from infancy to 16

Appointments can be made as late as one day in advance by calling the clinic. It is preferred that patients call before coming in, since many problems can either be handled over the phone or so that clinic personnel will be able to prepare ahead of time.



LCDR. (Dr.) Marilyn L. Regis checks Jessica Walters heart.



Kevin Pardee watches LCDR. (Dr.) Joseph J. Chicaro give him a blood pressure test.

The clinic treats everything from acute or short term illness, such as colds and flu, to chronic or long-term illness. Patients with chronic illness are often referred to other specialty clinics as

However, if an emergency does occur, children may be brought directly to the hospital emergency room for treatment.

According to CDR. Rafael E. Villadiego, Chief of Pediatric Service, the facilities' pediatricians normally stay on schedule, although there are occasional delays.



The clinic staff also performs physicals and

well-baby checkups. Doctors do these check-ups

on Wednesday and Friday afternoons from 1 to

The doctors also give parents preventive health

instruction. They discuss the type of treatment

being administered and make suggestions as to

4:30 p.m. Appointments may be at the clinic.

how to avoid future problems.

Rebecca Bush watches the bell as CDR, (Dr.) Rafael E. VillaDiego checks her lungs.



Story by SN Leah M. Nelson

Photos

and



of the Navy Medical Department. CAPT H.S. Samuels, DC, USN, DCS, Naval Regional Dental Center, and HMCM J. H. Phillips, USN, MCPOC, Naval Regional Medical Center cutting the cake.

5 Dec 19/8

# **Breast Cancer**

# Seminar At NTC

The Naval Regional Medical Center in Orlando will sponsor a seminar about breast cancer Tuesday from 9:30 a.m. - noon at the Naval Training Center Officers' Club.

The guest speaker is Dr. Edwin R. Fisher, a professor of pathology at the University of Pittsburgh and the director of Laboratories and Institute of Pathology at Shadyside Hospital in Pittsburgh.

Fisher's visit is made possible by a grant from the American Cancer

Society, Florida Division Inc. He will review the clinical and pathological aspects of breast cancer and correlate the findings with treatment used today. A staff presentation of the NRMC's 10-year experience with breast cancer will be included in the program.

# Noted cancer researcher claims radical mastectomies unneeded

-Dr. Edwin R. Fisher

By MICHAEL GOLD

Many American surgeons are ignoring the results of medical research and are continuing to perform excessive breast cancer operations that needlessly disfigure their patients, a noted cancer researcher charged in

2-C Sentinel Star, Thursday, December 7, 1978

... There's no longer any place for radical

mastectomies in the treatment of breast cancer.'

Speaking at a Naval Regional Medical Center seminar on breast cancer, Dr. Edwin R. Fisher said longterm studies have shown that radical mastectomies surgical removal of the breast plus the underlying and adjacent muscles and tissues - are no more effective in controlling cancer than simple removal of the breast itself.

But, he added, many doctors refuse to alter their methods of diagnosis and treatment, and thousands of women each year needlessly undergo extensive

"When you have carcinoma (cancer) of the breast, of course you're likely to find evidence of the disease in. the lymph nodes (located in the chest wall and armpit)," said Fisher, a professor of pathology at the University of Pittsburgh.

"But all that indicates is that the patient has a systemwide illness that requires a systemic program of treatment," he said. "There's no longer any place for radical mastectomies in the treatment of breast

-Fisher said restricting surgery to the breast itself and using chemotherapy offers the patient just as good a chance of survival as does a radical mastectomy and greatly improves the possibility of reconstructive surgery at a later date.

"The only reason for going into the lymphatic system is to get the node samples necessary to diagnose the problem," he said. "Any doctor who still thinks he

can cure breast cancer with a radical mastectomy is

Fisher said many surgeons are reluctant to change their procedures because radical mastectomies have been "the right way" to treat breast cancer since surgical pioneer Dr. William Stewart Halsted of Johns Hopkins University originated the technique in the

Only since 1970, he added, have researchers been questioning the efficiency of accepted breast cancer treatments.

"We're making progress - many surgeons have abandoned radical mastectomies in favor of modified radicals (which involve the removal of significantly lesser amounts of muscle and tissue) and others are modernizing and using the combination of simple mastectomy (breast removal only) and chemothera-

py," Fisher said. Many doctors find his ideas "heretical," Fisher acknowledged Tuesday to his audience of about 100 Navy surgeons and other military medical personnel, but others, he said, are beginning to realize that they

do not know all there is to know about breast cancer. "It's taking a while, but I hope in four to five years we're at a point where a malignant tumor can simply be excised without removing a breast," he said. "We've got to get surgeons away from their conditioned reflex that they have to start hacking away every

time they find a lump." Fisher also said doctors need to learn there are many different kinds of cancerous breast tumors requiring different treatments, and that cancer is not always a "time-oriented disease" that progressively

worsens in each case. 'The real term should be 'breast cancers,' not 'breast cancer,' " he said. "It's a heterogeneous disease with many different faces."

# **NAVAL MEDICAL DEPARTMENT**

ANNUAL RECEPTION









SATURDAY 16 SEPTEMBER 1978



Promotion to HM2 on 18 Sep 78...Patrick A. Purser, David G. Chance, and Willie L. Griggs



Farewell...to HM2 Lonnie J. Palmer, USN.
He was with Security Section, Operating
Management Service.



Retirement certificate presented to M. Imogene Gibson on 22 Sep 1978



Retirement party for Mrs. Gibson in medical library. She and CAPT Redgate cut cake.



Promotion of Lt P. E. Perrine, NC, USNR, on 25SEP78.

# CITRUS CLUB\*CNA TOWER

255 S. ORANGE AVENUE ORLANDO COCKTAILS 1930 DINNER 2030

> COST: \$12.50 PER PERSON CASH BAR

ATTIRE:

Male Officers - Dinner Dress White Or Blue

Female Officers - Dinner Dress White Or Blue Or Proper Civilian Attire

Guests - Formal Attire



Promotion to HM2 on 18 Sep 78...Patrick A. Purser, David G. Chance, and Willie L. Griggs



Farewell...to HM2 Lonnie J. Palmer, USN. He was with Security Section, Operating Management Service.





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Promotion of Lt P. E. Perrine, NC, USNR, on 25SEP78.



Retirement party for Mrs. Gibson in medical library. She and CAPT Redgate cut cake.



Letter of Commendation presented to LCDR R. GUTIERREZ, MC, USNR, on 30 Nov 1978.



HM1 DAVID GRANT, PHYSICAL THERAPY. REENLISTMENT OFFICER: CAPT ZIMBLE



HMC ANDREW "G" BUREMAN, USN, PHARMACY SERVICE.
REENLISTMENT OFFICER: LCDR JOHN R. MOORE, MSC, USN.



HM3 HAROLD T. FRANK, OPHTHALMOLOGY SERVICE REENLISTMENT OFFICER: LT WRIGHT, MSC, USN



VOL. I No. 1 Naval Regional Medical Center, Orlando, Florida

1 December 1978

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# NUMBER ONE!

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This is the first edition of VITAL SIGNS, which will be published on a monthly basis.

Publication of ship or station newspapers is authorized by the Department of the Navy, Publications and Printing Regulations, P-35 (Revised January 1974), and sanctioned by the Commanding Officer or Officer in Charge.

The purpose of publishing a ship or station newspaper is to inform, educate and entertain the personnel it serves. The CO has described VITAL SIGNS as a "medium providing vital communications to all hands..." We shall strive to be the best "medium" and to do so by maintaining the highest standards of quality, accuracy and good taste.

There have been significant contributions by several people in the organization, in the preparation and publication of the first edition of VITAL SIGNS. Mrs. Severna Royce, Editor of the CENTERLINE, NTEC, has provided the staff with immeasurable technical assistance and advice. Tom Jones, Don Melcolm, and Bob Linquist of Navy Publications and Printing Service Branch Office have been extremely helpful by rendering professional expertise in developing the Mast Head and layout sheets. LT Thomas J. Jurkowsky, USN, PAO Officer, Naval Training Center, Orlando, provided the staff with advice and counsel concerning the do's and don'ts of publishing a command newspaper. To all of the aforementioned people, the staff of VITAL SIGNS is very appreciative.

Although a permanent staff has been designated and specific persons and groups requested to submit regular columns, the entire NRMC Orlando staff is requested and authorized to submit articles for consideration.

MERRY CHRISTMAS



### SEASON'S GREETINGS



The Editor has asked me to offer the Season's Greetings for this first issue of VITAL SIGNS, and it is with great pleasure that I do so. I cannot think of a better way to introduce our new NRMC Orlando newspaper than with a sincere wish for peace on earth, good will toward men.

Christmas, Chanukah, and New Year's celebrations are family times, times for nostalgia. May this Season match the best of those you remember. One way to assure such success is through giving -- not a material giving, but rather a giving of yourselves. Offer your Season's Greetings and good will toward those away from home and family who may find the holidays lonely. Look to your patients and to colleagues separated from their loved ones. Fill your Christmas stockings by helping to fill theirs

J. A. ZIMBLE



HM2 PAUL MOWBRAY, PHARMACY SERVICE.
REENLISTMENT OFFICER: LT THAMES, MSC, USN



WINSTON TEDIN, MILITARY PERSONNEL SERVICE, to HM1

Page 3



TRANSFER CARPORT SALE! Our junk could be something you need! SAT & SUN, 9 and 10 DEC from 0900 to 1700 at 8302 Shaffer Dr. NTC Annex.

FOR SALE: Apt washer - excellent condition. \$40 or best offer. Call after 5:30 p.m. - 646-5342.

73 BUICK LeSabre. 2 door Hardtop. Automatic. PS, PB, AM-FM, Tilt Steering. Good rubber. Alarm system. Navy blue w/white top. \$1550. 671-2858.

WANTED - used banjo. Call 671-3964.

### WHOOOIZZIT??



DO YOU KNOW THIS STAFF MEMBER?? (Answer on Page 8)



CDR C. Victor RO-MANO, MC, USN, submitted the name of VITAL SIGNS and won the NRMC Orlando plaque.

....from the other side!

NRMC Annex

By HMI G. A. Coy, USN

WELCOME ABOARD to - HMCS and Mrs. R. H. CUPPER who reported here 9 NOV from NRMC, New Orleans. HMCS Cupper was assigned to the Annex as the Admin Asst/LCPO.

CONGRATS to - LT's BAEZ, ISSAC, SALEKER and TATUM who have been promoted to LCDR.

- HMC W. M. YOUNG, Physical Exam Section, who was selected for ENSIGN, MSC, USNR. Commissioning ceremony sometime in December.

LITTLE FEETS - HM3 and Mrs. T. Castle are the proud parents of a bouncing 6 lb, 13½ oz baby girl. Leigh Anne reported this command 30 OCT via OB Service.

DEPARTING - HM1 R. Moore, Master-at-Arms for the Annex will be reporting to the USS SARATOGA (CVA-60), homeported in Mayport, FL., mid February.

- HM2 O. Gonong, Recruit Admin Section, received orders to attend PMT School at NRMC, Oakland, CA.

# VITAL SIGNS STAFF

Editor:
HMCM R. C. CLEMENTS, USN
Managing Editor:
Mary VAN DEN HEUVEL
CDR N. J. STEWART, NC, USN
HM1 G. A. COY, USN
HM2 S. P. FOSTER, USN
HM3 D. A. SHELLEY, USN
HM3 R. G. GREENE, USN

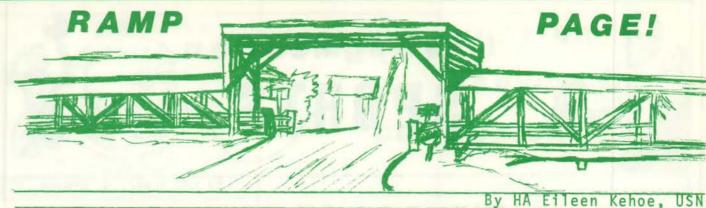
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Commanding Officer: CAPTAIN J. A. ZIMBLE, MC, USN Editor: HMCM(SS) R. C. CLEMENTS, USN

Content of this publication does not necessarily reflect the official views of the Department of Defense. All copy submitted for use in VITAL SIGNS must reach the Editor's Office, H-OOB-1, Bldg. 3000, by noon of the 16th of the month.

VITAL SIGNS reserves the right to edit or reject copy to comply with its policy. In reprinting material appearing in VITAL SIGNS appropriate credit must be given.

1 December 1978



WHAT DO YOU THINK OF THE IDEA OF THE NEW NRMC NEWSPAPER?

DOROTHY JOHNSON, Civilian Employee, Ward 10: I think it will be real good of them. We have the Nav-a-gator but this is just for the Hospital so that people will know what is happening over here at the hospital.

HMC JOHN STOCKBERGER, Nursing Service, Ward 8: I think it's a good idea... it should give out some interesting information for the staff. Information regarding sports activities and social activities in which our staff participates... it's necessary to let people in other areas that don't work together

I think the paper should remember to have humor in it

because we are all human beings and we all love to

find out what the other areas are doing.





laugh.

HN PATRICIA MCNAMARA, Wards 5 & 6: I think it's a good idea. It's a good way to keep people informed. I think people are more likely to read a newspaper then the Plan of the Day.

HM3 BRIAN HURN, ICU, Ward 7:
SUPER! I think it's very nice
because there are a lot of
things that people just don't get the recognition for
that they deserve. This will be nice for people that
make Petty Officer or get special awards, etc. It
would be nice to let their fellow workers know this.





HMC ANDREW "G" BUREMAN, USN, PHARMACY SERVICE.
REENLISTMENT OFFICER: LCDR JOHN R. MOORE, MSC, USN.



HM2 PAUL MOWBRAY, PHARMACY SERVICE.
REENLISTMENT OFFICER: LT THAMES, MSC, USN



HM3 HAROLD T. FRANK, OPHTHALMOLOGY SERVICE REENLISTMENT OFFICER: LT WRIGHT, MSC, USN



WINSTON TEDIN, MILITARY PERSONNEL SERVICE, to HM1



# NavRegMedCen SPORTS



1 December 1978

By HM3 Robert G. Greene, USN

### IT'S BASKETBALL!

### OUR TEAMS NEED OUR SUPPORT

The Naval Regional Medical Center is well represented in this year's Commander's Cup Basketball at NTC. Hospital #1 team is being coached by CDR Frank THOMAS and Hospital #2 team is coached by LTJG Ed McCORVEY. The coaches and the teams invite the members of the Staff to come to the games and cheer them on. They would really appreciate it. Let's ALL go and support our teams.

### SCHEDULE FOR DECEMBER

7 DEC - 1730 HOSPITAL #2 vs RTC

11 DEC - 1730 HOSPITAL #1 vs DENTAL

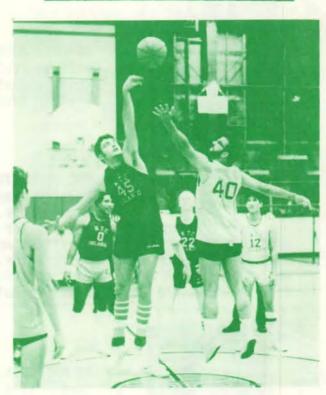
14 DEC - 1730 HOSPITAL #2 vs DENTAL

1845 HOSPITAL #1 vs SSC

All games are played at the NTC Gym.

XX MIXED BOWLING LEAGUE The Monday night Hospital Mixed Bowling League had its first position round rolloff on Monday, 13 November, and it proved to be a race between the top four teams in the League. The second place team, Paul and the Flip Flops, took 3 games from the first place team, the Over the Hill Gang, to move within 2 games of the League Leaders. The third place team, the Five Pins, split 2 and 2 with the fourth place, Baby Pins, to remain within 2 games of second place. The second quarter of bowling began on 20 November and is expected to be just as exciting as the first!

COMMANDER'S CUP LEAGUE UNDERWAY



Captain David S. Boyd, USN, Commander, NTC, tossed up the first ball on 6 November to open the 1978 Commander's Cup Basketball League. The opening game featured our own Hospital #2 team pitted against a formidable Galley team. Galley, strong on offense and defense, defeated Hospital #2 by a resounding 45 points - 79 to 34.

The opening game for Hospital #1's season was against the Old Days - a team from Nuclear Power School. Hospital #1 came on strong and proved that the Old Days are long gone. Final score 84 - 50.



# NURSING SERVICE COMMUNICATIONS

By CDR N. J. Stewart, NC, USN

When you tell people they have done a good job, you create a special kind of pride. It makes you want to try even harder. As human beings, we thrive on praise. But how many of us praise one another as much as we could? Many of us have a tendency to "take for granted" the jobs well done. We too frequently overlook the guy or gal who consistently does his/her job right.

Why do we not praise more than we do? We get in the rut of looking just for the problems and correcting them. So naturally we become critical and crack down on those folks who cause us problems.

Criticism doesn't motivate people as much as praise. When we criticise someone they may try hrader, but its only because they HAVE to. When you praise someone, they try harder because they WANT to.....and almost always do much more than what is expected of them. Even when criticism is called for, you should try to work in some praise. Mention the good things a person has done as well as their weak spots that need strengthening. We all have the need to feel wanted, that what we are doing is appreciated. Sincere praise fills this need. Let us all try working with this very effective tool. I'll bet we can see the results in no

NRMC as a group gave 100% of their goal but only 76% participated in the Combined Federal Campaign. One of our sub-groups, the Nursing Staff at the Annex had 100% participation and gave over \$1,000. Twelve of the 33 staff members are Fair Share Holders

Pediatrics and Male Medicine have recently been combined on Ward 4. This was done in order to alleviate some of the nursing staff shortage. Mrs. McGlasson, RN, will be the Charge Nurse and HN Martin will be Senior Corpsman. Captain Redgate wishes to thank all those staff members who helped make the move. Your efforts were greatly appreciated.

### CONGRATULATIONS!!

To HN James Summitt (ICU) and HM3 Cathy O'Brien (ER) who were married on 19 OCT in Bedford, OH.

To HA Billy McNeil (Wd 12) and HA Coleen Sargent (Wd 6) who will be married on 1 DEC in the Base Chapel.

To HM3 Dennis Baker, (NP Tech., Wd 3A) and wife, Delores. Baby girl born on 11 OCT. Pettina Lucille weighed in at 3# 13 oz.

To LTJG John Thobe and wife, Susan. Baby girl born on 26 OCT. Lynette Erin Thobe weighed 7# 1 oz.

To MMC Lynn Rogers (USS FORRESTAL) and wife, Lois (RN on Wd 10). Baby girl on 2 NOV. Sarah Elizabeth weighed 7# 3 oz.

To HM3 Tony Mayo (ER) and wife, LTJG Virginia Mayo. Baby boy born on 6 NOV. Justin Patrick weighed 8# 3 oz.

To LT Carolyn Carlton recently promoted to LCDR.

To LT Bruce Guy recently promoted to

To those recently promoted to HN: S. T. Wakefield, R. Forester, D. L. Felton, J. M. Donahue and D. D. Lynch.

To those recently promoted to HA: P. S. McClean, L. Lamb, and A. L. Scoggins.



HMC ANDREW "G" BUREMAN, USN, PHARMACY SERVICE.
REENLISTMENT OFFICER: LCDR JOHN R. MOORE, MSC, USN.



HM3 HAROLD T. FRANK, OPHTHALMOLOGY SERVICE REENLISTMENT OFFICER: LT WRIGHT, MSC, USN



HM2 PAUL MOWBRAY, PHARMACY SERVICE.
REENLISTMENT OFFICER: LT THAMES, MSC, USN



WINSTON TEDIN, MILITARY PERSONNEL SERVICE, to HM1



Comments

By LCDR I. O. CARTEE, CHC, USNR TRIALS....TRAGEDIES....TRIUMPHS

Norman Vincent Peale tells the story that out west in the old gold country a prospector was led to believe that in a certain place there was a vein of gold. Day after day he worked long and hard, sinking his pick into the earth in an effort to find the gold. One day he became fed up: he'd had enough. Completely dejected, he swung his pick high over his head, drove it deep into the ground up to the shaft and said, "That's it," and walked away. Many years later a vein of gold of extraordinary richness was discovered eleven feet beyond where he had left his pick. By that time he was dead, the pick rusted and the handle worn away. The prize might have been his had he not become discouraged, had he persisted, for the gold was nearer than he thought.

In times when it seems that things have eroded from our lives and we are depressed let us turn our whole situation over to God. He has promised to give us strength to be persistent, and He has promised to help us and take care of us. Patience, forbearance, tolerance, perseverance, persistence, endurance, strength, stamina, they are all good words, and their meanings mean a lot. But, there is another good word that means a lot too -- FAITH. If there is any one thing we need more of in our lives it is faith; faith in God, faith in each other, faith in ourselves. It was during a time of suffering and exile that Isaiah the prophet said to the nation: "They that wait upon the Lord shall renew their strength; they shall mount up with wings as eagles; they shall run, and not be weary; they shall walk, and not faint." (Isaiah 40:31) There is a message here for all of us.



### HAWK-AYE

Tells it - The Way It Was!

By Geo "Corpsman".....you have not always been called a "corpsman." In 1775 you were called "waisters" because the space set aside for patients was usually at that time located in the waist of the ship. In 1798 you were known as a "loblolly boy" which was the porridge served to patients. By 1818 an area of the ship, in the bow, below the water line, was established as a "sick bay," the corpsman became a "nurse" and later in 1873 a "bayman." By 1898 this evolved to "Hospital Steward, Hospital Apprentice First Class and Hospital Apprentice." In 1916 a rating structure was established with "Chief Pharmacist's Mate, Pharmacist's Mate First, Second and Third Class and Hospital Apprentices First and Second Class for non-rated." It was not until 1948 that the rating became as it is today "Hospital Corpsman, " the Navy's "Most Honored Men."



Family

Line....

By HM3 D. A. Shelley, USN

The Family Practice concept of medicine is a unique innovation recently adapted by the Navy Medical Department. Family Practice provides the family unit with one physician for all the medical needs of the family, which includes pre-natal care, sports physicals, school physicals for children, well baby checks and gynecologic treatment for females. The Family Practice physician receives his training in one of the Navy Resident programs or can be commissioned from civilian practice.

Family Practice Service at NRMC Orlando has two branches: one located in the Out-Patient Building at NRMC proper and one at the NTC Annex. Each branch is fully staffed with physicians, nurse practitioners and clinical support personnel.

In future editions of VITAL SIGNS, individual staff members will be recognized and specific activities of the services related. 1 December 1978

Federal Women's Program
By Gail Wold, NRMC's FWPM

Let me introduce myself - I am your Federal Women's Program Manager, a military personnel clerk typist and a member of the Army Reserves where I serve on the Junior Leadership Council. I moved to Orlando from Ft. Indiantown Gap, PA, where I worked as a Data Analyst. (I came to Florida to warm my bones!)

As YOUR Federal Women's Program Manager (FWPM), I hope to provide meaningful programs, information and guidance, not just to women, but to the staff in general. I solicit your support of these programs and suggestions for the future. Our women's program can only be as good as I am made aware of your needs and desires.

In next month's column, I will give you a critique of the past two in-house programs - "Issues on the November Ballot" and "Upward Mobility." Look for future announcements on YELLOW fliers.

Have a very MERRY CHRISTMAS and a very HAPPY NEW YEAR!



HOSPITAL STAFF CHRISTMAS PARTY will be held at 1900, Saturday, 9 December, at the Middle Three Club.

Dancing Buffet Cash Bar Local (??) Entertainment and Cash prizes!

Ticket Sales end 4 December!!!!!! Get your ticket from:

Officers: \$2.00 See CDR ROMANO, LCDR SMITH, LCDR ROY, LTJG WALSH

Enlisted: \$1.00 See HMCM PHILLIPS, HMCS RYAN, HMC STOCK-BERGER, HM2 FOSTER

Civilian: \$2.00 See Gail Wold (Military Personnel Office)

Oakleaf Auxiliary

**VITAL SIGNS** 

The Oakleaf Auxiliary is most pleased to have been asked to be a contributing member to the NRMC Orlando newspaper. We are sure this will be another important means of disseminating information to all who are interested in our club. Since new wives are continually arriving at our command, we thought this would be an excellent opportunity to review the requisites for membership. We wish to invite all wives and widows of active duty and retired Medical Department officers of all branches of the Armed Forces. This includes all Medical Corps, Dental Corps, Medical Service Corps, Nurse Corps, Medical Service Warrant and Dental Service Warrant. Our membership also includes female officers, active and retired, of the Navy Medical Department assigned to local Naval activities or residing in the Orlando area.

Since the purpose of the Oakleaf Auxiliary is both social and benevolent, we are most proud of our efforts at the recent Christmas Bazaar, which proved a grand success. Thanks to the time and talent of so many of our loyal members, the Oakleaf booth realized proceeds in excess of \$800! We would most sincerely like to thank all who supported us in our effort to contribute to the well-being of patients and staff.

Our formal Christmas Holiday Party will be held 8 DEC at the Officer's Club. Cocktails at 1830 followed by dinner and dancing to the music of the Navy's own band, "the Sideboys."

We are pleased to announce that our Commanding Officer's wife, Mrs. Janet Zimble, will hostess our December function - a trip to Lock Haven Art Center - 14 DEC.

We would like to take this opportunity to congratulate all the members of our Navy family, who recently received promotions. Their accomplishments are a credit to themselves and to all of us.











HMC ANDREW "G" BUREMAN, USN, PHARMACY SERVICE.
REENLISTMENT OFFICER: LCDR JOHN R. MOORE, MSC, USN.



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WINSTON TEDIN, MILITARY PERSONNEL SERVICE, to HM1

R. GUTIERREZ, MC, USNR, on 30 Nov 1978.



HM1 DAVID GRANT, PHYSICAL THERAPY. REENLISTMENT OFFICER: CAPT ZIMBLE



HMC ANDREW "G" BUREMAN, USN, PHARMACY SERVICE.
REENLISTMENT OFFICER: LCDR JOHN R. MOORE, MSC, USN.



HM3 HAROLD T. FRANK, OPHTHALMOLOGY SERVICE REENLISTMENT OFFICER: LT WRIGHT, MSC, USN



I hope you share my delight with this new development at NRMC Orlando. A command newspaper is the best way to pass the word. I applaud the successful efforts of the VITAL SIGNS' staff. With their demonstrated enthusiasm, they cannot help but succeed. Naturally, one of their more enthusiastic endeavors was to persuade me to contribute a regularly occuring column. They reminded me that the only tangible proof of my support for this enterprise is in so doing; therefore, I shall do so.

In this column, it is my desire to extinguish rumors, explain policy, correct misconceptions and, hopefully, provide answers. I have chosen a question-and answer format. Although I lack the expertise of Dear Abby, I'll certainly try to accomplish the objectives I've cited above. Of course, in subsequent articles I shall require your questions and comments to make this format work. You may submit input by phone or note, signed or anonymous, to Master Chief Clements (Ext. 4313). You supply the meat; I'll supply the gravy.

For this first issue, however, it is necessary that I put the question:

### HOW COME WE NEED A COMMAND NEWSPAPER?

Ah, that is a fine question for the first issue of VITAL SIGNS! VITAL SIGNS means just that -- a medium for providing vital communications to all hands. NTC's Nava-gator brings us important information, but it does not have the resources to meet all the special needs of the NRMC. In VITAL SIGNS, you will find entertaining and informative articles about your workers and your work place. VITAL SIGNS is to be tailored to your specific needs. If it does not meet that obligation, let the staff know. Better yet, join the staff!



HMCM J. H. PHILLIPS, US

COMMAND MASTER CHIEF READY TO HELP

The Command Master Chief is your key to the front office. When policies concerning enlisted personnel are made and personal problems solved, your Command Master Chief is involved. Unlike any other person in the chain-of-command, except the Director of Administrative Services and Director of Clinical Services, the Command Master Chief has direct access to the Commanding Officer.

In order to get a feel for the opinions of the enlisted staff, the C M/C spends a lot of time visiting the NRMC spaces. He is on the advisory board of the Base Commissary, Navy Exchange, Enlisted Clubs, Composite Recreation Committee, and access to all Command Master Chiefs at NTC Orlando. So if you have a problem with any of these base services, get in touch with the C M/C.

An important aspect of the position is that problems brought to the C M/C must first have been brought through the appropriate chain-of-command. Only if the chain-of-command breaks down should an individual bring the problem to the C M/C. Of course, advice and counseling is available at any time. Call me on 5973 or 4313 on the beeper.

# WHOODIZZIT?



JANET M. REDGATE NURSE CORPS USN

Chief, Nursing Service



HM2 PAUL MOWBRAY, PHARMACY SERVICE.
REENLISTMENT OFFICER: LT THAMES, MSC, USN



WINSTON TEDIN, MILITARY PERSONNEL SERVICE, to HM1



CONGRATULATIONS..... to HM2 J. R. FAIRLAMB, USN on receiving his First Good Conduct Medal 12/7/18



CONGRATULATIONS ..... to LCDR B. S. THOMAS, MC. upon augmentation to USN!



WO1 JEFFREY BISHOP, USN, promoted to CWO2.



ROBERT HERBERT, OPHTHALMOLOGY SERVICE, to HM2



NANCY SINGLETON, PHARMACY SERVICE, to HM2 and DAVID GRANT, PHYSICAL THERAPY, to HM1.



HMC W. M. YOUNG commissioned to ENS. MSC, on 14 Dec 1978. His wife and daughter assist in the ceremony.

# Orlando patients feel effect of military doctor shortage

By MICHAEL GOLD

Sentinel Star Like other military medical facilities throughout the country, Orlando's Naval Regional Medical Center is feeling the pinch of the growing nationwide shortage

of military doctors. "We are not adequately staffed," said Cmdr. L.H. Turbiville, director of administrative services of the center. "We need more resources of all types and we have significant shortages of personnel throughout every specialty."

Turbiville said the center, whose staff of 700 serves a regional military community of about 70,000 active duty and retired personnel and their dependents, recorded nearly 400,000 patient visits during the year ending Sept. 30.

But, Turbiville acknowledged, many retired personnel and their dependents either are turned away or don't bother to seek treatment because they know they won't be seen.

And others, he added, must be referred to civilian specialists because of the center's lack of facilities and

Since the center does not have the neurological caseload to justify a full-time neurosurgeon, it cannot get one to handle the cases it does have in that specialty, Turbiville said.

"It's the same thing in urology and several other areas," he said. "It's certainly a major problem here and it has become a basic problem throughout the

Military authorities have been struggling with physician shortages since the draft ended five years ago, and Army officials recently estimated that their branch is about 1,700 doctors below the 6,000 autho-

rized for active duty. Secretary of the Army Clifford Alexander Jr. said last month that the shortage is so acute that the military might not be able to treat casualties adequately in

the event of a major war in Europe. The services have tried to remedy the situation by offering special bonuses to close the gap between military pay levels and the earnings of young civilian

The problem of providing care to military retirees is especially acute in Florida because of the state's large number of retired personnel and the federal requirement that active duty personnel be given priority for

Turbiville said active duty personnel constitute

about half the center's caseload. "We basically give second priority to dependents of active duty personnel as we're required to do," he said, "but we do try to strike some balance between dependents and our retired population."

# Military retirees suffer from doctor shortage

It's tough convincing a young doctor to join the service and earn \$16,000 a year when he could triple that in private practice, and that's creating problems for Florida's military personnel

retirees in Florida. Many have been cut off from the free health care they and their dependents once took for granted.

Here's a thumbnail look at the effects of the military physicians shortage in the Sunshine State. Jacksonville's Naval Air Station

civilians. · Airmen and retirees with broken

bones must go somewhere besides Tyndall Air Force Base to have them set. Annual physicals are no longer available for retirees at MacDill Air

Patrick Air Foce Base has not operated an intensive care unit for three

• At none of Florida's military instal-

lations are there enough internists or orthopedists. Since the end of the draft in 1972, military physicians have become a pre-

cious commodity. The shortage is par-

many former military people spend

their retirement years.

According to the Defense Department, there are more than 70,500 military personnel on active duty in Florida and nearly 99,000 retirees. These figures do not, however, include the dependents of the retirees and those on active duty.

"We do have a very large population Hardest hit by the shortage of Navy. to serve," said Col. L.H. Turbiville, and Air Force physicians are military commander of the naval hospital at Orlando. "And no, we are not serving that population. We do turn away people in

the retired community.' According to service regulations, active duty personnel get first priority for on-base health care. Their spouses and children are next. Retired military peosends patients requiring X-rays to ple are ranked third, and their depen-

dents are last in line. "We are falling behind. The number of dollars have not kept up with the requirements," said Capt. William W. McDermott Jr., commanding officer of the hospital at Jacksonville Naval Air Station. He says an estimated 50,000 Navy retirees and dependents live in Jacksonville alone, but not all of them

can be accommodated. "I hate to do it," McDermott said. They are turning away retirees and dependents in need of orthopedic and gynecological care. Those who have in-

ternal ills also have a long wait. The situation at MacDill Air Force Base seems worse. Hospital commander ticularly acute in Florida, where so Col. Frank Edmunds says 32 physicians serve approximately 250,000 people.



Scenes from NRMC Players presentation at NRMC Staff Christmas party om 9 Dec 1978.





HM1 Leightey, MM1 Huggins, HM1 Bradsuen, HM1 Pelot, HM1 DuBose. 15 Dec 78



HM3 Hulbert, HM3 Burgess, HM3 Walters, HM3 Mayes, HM3 Cramer, HM3 Maahs, HM3 Fadden, HM3 Martin, HM3 A. Smith, HM3 Ruff, HM3 Preston, HM3 Hernandez, HM3 Scott, HM3 Ingersoll. 15 Dec 1978



Promotion of CAPT ROBERT G. CASE, MC, USN, on 27 Dec 1978.





HM2 Summit, HM2 Greene, HM2 Fausset, HM2 Rock, HM2 Jenkins, HM2 Sturzbecker, HM2 Mayo, HM2 Avidon, MM2 Dunn. 15 Dec 1978



Letters presented to Keymen, Combined Federal Campaign on 27 Dec 1978: Front row - HM3 D. Morrill, CDR Romano CAPT "Z", DT1 Rimando, HN Martinez. Second row -HM1 Bratsuen, HM3 Perry, HM1 Waits, HM2 Fairlamb, HM3 Fadden, HM3 Fontenot, HM1 Moore, HM2 Marks.



HM3 R. STRICKLAND, USN, reenlistment Reenlistment officer: LT Manley, Food Service





HMCS LILES RETIRES

Senior Chief George Franklin Liles, USN, retired after twenty-five years of honorable service. His retirement ceremony was held in front of the Administration Building on 19 December 1978.

HMCS Liles enlisted in the Navy on 8 April 1953 at Columbus, Ohio. Some of his duty stations included Naval Hospital, Portsmouth, NH, USS COLUMBUS (CA - 74), Naval Hospital, Philadelphia, PA, Second Marine Division, Third Marine Division in Vietnam and Naval Station in Norfolk, VA.

HMCS Liles was awarded the Navy Com-

mendation Medal with Combat V, Navy Achievement Medal, Purple Heart Medal (three awards), and seven Good Conduct awards during his career.

Senior Chief Liles and his family plan to reside in the Orlando area.

General Lewis W. Walt, USMC (Ret.) attended the ceremony as a personal guest of Senior Chief Liles and an an official quest of the command. Music for the ceremony was furnished by U. S. Navy Band

Pipe: Hand SALUTE!

GENERAL WALT PRESENTS LETTER OF COMMENDATION TO HMCS LILES







1st row: Wilson R. Maddox, Mary Lou Brown, Richard Cohen, Arrie Barnes, Patricia Johnson, Marie Lamothe, Mary Graham, Mary Van den Heuvel; 2nd row: Harry M. Belch, William Stokes, Charles Moore, Stella Bell, Lois Ziglar, Gail Wold, Doris Villar, Robert O'Hallaron, and Charles Watson. Awards presented on 15 Dec 1978



Thursday, January 4, 1979 - THE NAV-A-GATOR

# **HM2 Sturzebecker named top sailor**



**HM2 Scot Sturzebecker** 

HM2 Scot Sturzebecker has been selected as the Sailor of the Quarter for the Naval Regional Medical Center.

Petty Officer Sturzebecker is assigned to the bio-medical repair department and is responsible for maintenance and repair of all electrical and electronic equipment.

In March he will attend an advanced bio-medical repair school in Denver, Colo. Upon completion of training he will be eligible to receive an associate degree in applied science.

Future plans include completing a degree in bio-medical engineering and applying for a commission in the Medical Service Corps.

Sturzebecker has been in the Navy for two

### VITAL SIGNS

### BIRD'S EYE VIEW OF PROGRESS



Photo by LCDR A. D. Saleker, MSC, USN, D.P.M.



Photo by PH2 R. E. Farmer, USN, NAC Photo Lab

### PROGRESS REPORT FROM THE MCLO

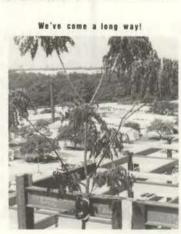
As the block and bricks rise on the As the block and bricks rise on the steel skeleton of our new building and it begins to look like a finished product, the interest in the new hospital also grows. Some of the basic facts may help to satisfy your curiosity, and you'll be able to answer some of your neighbor's questions too.

The five story structure and its power plant will contain 207,900 square feet of floor space. The first floor will be largely composed of outpatient clinics, clinical support activities such as laboratories, pharmacy, and radiology services, and administrative spaces. Also on the first floor will be the food service spaces, CSSR, the medical library, and operating services spaces. The second floor will house the surgical and delivery suites, recovery room, an 8-bed ICU/CCU, the OB post-partum nursing unit and the nursery. The third floor is composed of one set of solar panels and some of the complex mechanical and engineering machinery. The fourth and fifth floors will comprise the major areas for inpatients. These wards are made up of one, two, and four-bed rooms, which will allow for care of patients by medical criteria, not separated by sex. Each room will have its own private bathroom and shower, a two-way nurse-call connecting each bed to the nursing station on that floor. a two-way nurse-call connecting each bed to the nursing station on that floor, and piped-in oxygen, vacuum and compressed

The building was designed using the latest concepts in energy conservation, fire protection, and security. In addition to the arrays of solar collectors which convert solar emissions to use in the domestic hot water system and to assist in the building air-conditioning operation, the heat generated by lights, machinery and even people in a room will be recovered and recycled. A sophisticated computer system will be used to run these energy-conserving systems and to, these energy-conserving systems and to, monitor and control the numerous other



LT Robert E. Elster, MSC, USN Medical Construction Liaison Officer



On 7 June 1978, the last steel beam was placed in position with appro-priate ceremony. Remember?

mechanical system components. Fire detection and protection will be done by a series of fire and smoke detectors throughout the building, a sprinkler system that covers the entire hospital, and a computer program which will suck air out of a smoke-filled area and pressurize out of a smoke-filled area and pressurize surrounding areas to prevent spread of the smoke. Security will be provided by a bank of closed-circuit televisions continuously monitoring the building exterior and parking lots, plus interior cameras located at the pharmacy windows, the collection agent office, and other selected spots. All exterior and certain interior doors will be alarmed, and all refrigerators and freezers containing blood and pharmaceuticals will be monitored.

In the event of a power failure, not uncommon in Orlando, 1200 killowatts of diesel-powered generator energy will continue the electrical service to all the hospital's vital areas and equipment.

With this modern building growing before us in the "backyard", probably the most popular question becomes "When do we move in?" The honest answer is "I don't know." In the next few months the brick will be all in place, the windows will be set in, and the structure will look complete. But there will still be months of work on the interior: running gas lines, erecting walls, plastering and painting, and many, many hours of systems testing and repair. All these things take a long time; how long depends in part on how much repair work is needed to make all the systems workable. At present, best guess on the move-in date would be best guess on the move-in date would be between 1 November 1979 and 1 January 1980 but even that is subject to change.

In subsequent issues, I'll try to keep you current on construction progress and also to point out some features of special note in the new building.





### HMCS LILES RETIRES



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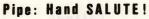
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Senior Chief Liles and his family plan to reside in the Orlando area.

General Lewis W. Walt, USMC (Ret.) attended the ceremony as a personal guest of Senior Chief Liles and an an official quest of the command. Music for the ceremony was furnished by U. S. Navy Band Orlando.





#### GENERAL WALT PRESENTS LETTER OF COMMENDATION TO HMCS LILES



### Accepts Commission



HMC Walter M. Young, USN, NRMC Annex, has accepted a permanent appointment to Ensign, Medical Service Corps, USNR.

Ensign Young will be transferred in January to the Naval School of Health Sciences, Bethesda, for indoctrination and further transfer to the Naval Regional Medical Center, Corpus Christi, Texas.

### minimum minimu WHOOOIZZIT??



DO YOU KNOW THIS STAFF MEMBER?? (Answer on Page 8)

# Santa was loaded!

1 January 1979

Santa Claus, played by the Navy Wives' Club, Chapter 267, paid a visit to the recruit patients at NRMC Annex. Their gift bags were loaded....! To each patient, a red stocking filled with needed personal items and fresh fruit. To the wards at large: \$50 in coins for personal phone calls, two electric razors for the male wards, a hair dryer for the female ward, and a remote control TV game for the psychiatric ward.

These good samaritans do not confine their activities to the Christmas season. Their "Hospital Cart" filled with stamps, writing paper, pens, shampoo and other personal articles, makes daily visits to the patients.

The funds to support this good work are raised by the operation of a thrift shop located aboard NTC.

Our heartfelt thanks to the ladies of the Navy Wives' Club, Chapter 267, who have so unselfishly devoted their time and effort to make our patients more comfortable during their stay. Our best wishes go to each one of them for a happy and prosperous New Year.

#### VITAL SIGNS STAFF

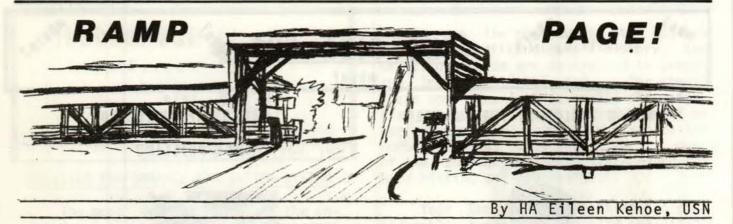
Editor: HMCM(SS) R. C. Clements, USN Managing Editor: Mary V. VAN DEN HEUVEL CDR N. J. Stewart, NC, USN HM1 G. A. Coy, USN HM2 S. P. Foster, USN HM2 R. G. Greene, USN HM3 D. A. Shelley, USN HA E. KEHOE, USN

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Commanding Officer: CAPTAIN J. A. ZIMBLE, MC, USN Editor: HMCM(SS) R. C. CLEMENTS, USN

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VITAL SIGNS reserves the right to edit or reject copy to comply with its policy. In reprinting material appearing in VITAL SIGNS appropriate credit must be given.

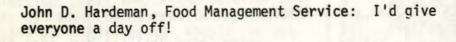


**VITAL SIGNS** 

### If you were CO for a day . . . . .



HMC Donald Crisp, Outpatient Service: I would pray that God would give me more wisdom that I could utilize the money we have available to us now more advantageously to better serve the active duty personnel and the retired com-







HM3 Jan Novello, Laboratory Service: The first thing I would do would be to get rid of all the roaches. I would also allow the overnight watchstanders to sleep in the area where they stand their watches. If you stand your watch in the Lab, you sleep in the Lab.

Mrs. Patricia Barbour, Patient Affairs Service: I would institute a more in-depth indoctrination program for all personnel reporting aboard both military and civilian.



MHOS

# THE FIVE W'S

when?

#### NRMC'S SAILOR OF THE QUARTER



Petty Officer Second Class Sturzebecker, USN, a Medical Repair Technician at NRMC Orlando, was selected as Sailor of the Quarter, Fourth Quarter 1978. He has been cited on many occasions for his leadership and supervisory ability as a Watch Section Leader in the Outpatient Department. His technical competence as a Medical Repair Technician has been recognized during his tour by both civilian and military medical equipment suppliers. HM2 Sturzebecker has been selected to attend an advanced Medical Repair Technician course of instruction.

#### COMPLETES COURSE



Blondeen Hammond, Patient Affairs Service, recently completed the American Medical Record Association Course to become an accredited Medical Record Technician. On her own time, she completed the 18 month correspondence course and then successfully passed the AMRA nationwide exam.

### LEADERSHIP AWARD TO HMCS PHILLIPS



Senior Chief Petty Officer Joseph W. Phillips is the first recipient of the Semi-Annual Senior Enlisted Leadership Award.

Senior Chief Phillips has been stationed at NRMC since July 1974. He was the first Bureau assigned Career Counselor at NRMC Orlando. He has worked in Educational Services in addition to his current assignment as Assistant Military Personnel Officer.

Senior Chief Phillips was cited for his exceptional leadership qualities and his involvement in many community activities at the NTC Annex. He has served as the command representative on the NTC Annex housing council, Oceans 24 Club advisory council, President of the CPO advisory group and many positions of responsibility in the Orlando Youth Sports Association during the past four years.

HMCS Phillips and his family will depart the Orlando area in mid January for Hawaii, where he will be stationed aboard the USS BRYCE CANYON (AD-36). We wish him "smooth sailing and following seas."

### 1 January 1979



PHILLIPS USN HMCM J. H

### ENLISTED PERFORMANCE EVALUATION SYSTEM

The most crucial facet of the enlisted selection and advancement process is the performance evaluation. Supervisors should have this thought foremost in their minds when preparing an evaluation. Unfortunately, the vast majority of performance evaluations, when initially submitted, are of shoddy quality. Inconsistencies between marks and write-up are the most common discrepancies. Identifiable downward trends in marks are seldom explained. First marks at a new command are invariably lower from the individual's evaluation history.

The evaluation writer must understand that the evaluation that he or she is writing will be read by people on a selection board and/or the detailer and not by some bureaucrat in Washington. Duties and achievements should be described in language which is neither too vague nor too technical.

The evaluation drafter must distinquish the ratee from all others. Incidentally, the use of the impersonal term "ratee" is not very impressive. The drafter, in a very real sense, represents the first stage in the selection process. The selection board wants to be told of the specific important traits which really separate the candidates from their contemporaries and why they should be selected over other fine candidates.

The evaluation drafter must be able and willing to make the essential distinction between the better and the best candidates, and to support the distinction with concrete, hard hitting reasons. Traits which have been discussed in detail in previous evaluations from the same command need not, unless they change, be repeated in equal detail. The drafter should use the opportunity to add new facts to the candidate's history. The selection boards are interested in growth and improvement, and the writer should focus upon recent achievements and potential rather than upon previous level of performance. No premium is given to the number of words used, and in fact, many of the shorter evaluations are among the hard hitting and persuasive.

Your Command Master Chief has considerable experience in the evaluation system and is available to all hands to discuss the process.

### Oakleaf Auxiliary

By Mrs. Barbara Smith

Our congratulations to the staff of VITAL SIGNS! We all agreed that the concept of a newspaper was outstanding, but I'm sure no one expected the professional quality displayed in the first edition.

We wish to thank Mrs. Janet Zimble for being hostess of our December function. We were disappointed a bus could not be arranged to take us to the Art Center, but with excellent navigation not one car was lost from our caravan from the Officer's Club to Lock Haven! We also wish to thank the staff of the Art Center for being so gracious. Our art theme continues on 4 February and we hope you can all attend a very special art auction at the Navy Exchange Cafeteria. We can assure you OWC is planning a spectacular affair so please mark that date on your calendar.

As we give thanks this holiday season, remember - The Navy takes care of its own. Navy Relief desperately needs volunteers! If you can spare time to help members of your Navy family who are in need, please contact Charlotte Romano at 339-3013.

The Oakleaf Auxiliary wishes everyone peace, joy and prosperity throughout the New Year.

SUPPLEMENTAL PAGE B





From left to right: HM2 SUSAN FOX, HM2 BRENDA PEPPER, HM2 NORETTA HARDING, and HM2 ROBERT CANNADY.



From left to right: CAPT ZIMBALL, HM2 CATHERINE SUMMITT, HM2 ROBERT GREENE, HM2 JOHN FAUSSET, HM2 MICHAEL ROCK, HM2 BRUCE JENKINS, HM2 SCOT STURZEBECKER, HM2 ANTHONY MAYO, HM2 PAUL AVIDON, and MM2 JOHN DUNN.

1 January 1979

#### NURSING

### SERVICE

CDR N. J. Stewart, NC, USN

### COMMUNICATION

Major problems occuring in large institutions are often caused by misunderstandings. The best method to alleviate misunderstandings is to improve

#### COMMUNICATIONS

We can never be sure of what is going on in the minds of others but an educated guess tells me that most people think POSITIVE .... about their job and NRMC .... it would be naive to think that everyone has a positive attitude. There are always those who think negatively about what is going on or what they THINK is happening.

It is everyone's responsibility to keep each other informed about what is going on. Communication should travel in both directions. Communication keeps people informed and puts a stop to rumors.

It's very natural for folks to think and talk about situations that have happened in their work space. It is human to be curious and it is human to talk about things that go on, things that could happen, things we would like to see happen or things that we hear via the ramp vine that are supposed to happen.

We can never be sure that everyone will interpret what we say in the way that it was meant. We can never be sure that folks will react positively even if it is in their best interest. Some can be negative even about obviously good things. That is why it is so darned important for folks to have as much information as possible. Everyone needs to know what is going on and why.

The Nursing Service would like to acknowledge HN Marsha Moss, who voluntarily presented a special class on Ward 8 on the EKG. The class was well prepared and most beneficial to those attending.

### HAWK-AYE

Tells it - The Way It Was!

By Geo

#### CORPS HISTORY

From the late 1700's to the present time, from "waisters" to "Hospital Corpsmen", U. S. Navy enlisted personnel of the Medical Department have served with honor and dedication to their country. the armed forces and their shipmates. Navy medical personnel have participated and accompanied virtually every type of force, both military and civilian, into the field at any time and anywhere the American flag was shown. Corpsmen have gone under fire in all situations from almost every major power that ever pretended to threaten the freedom of others or the principles for which our great country was founded. It is interesting to note that in peace and in war there is no other single, non-combat group that has sacrificed so much. Their sacrifices are not just confined to the line of duty but are voluntarily made whenever the need arises and always without regard for their own well being. It is estimated that during WWI, 1,500 corpsmen went overseas. They received 460 major awards, including two Medals of Honor and 55 Navy Crosses. WWII saw approximately 130,000 corpsmen serving in the armed forces. Nearly 900 were killed or mortally wounded. During this conflict, corpsmen won 820 major awards, including seven Medals of Honor and 52 Navy Crosses. In Korea, corpsmen were awarded five Medals of Honor. Four posthumously to corpsmen who gave their lives while saving others. Vietnam was a repeat with 560 corpsmen killed. A large number of medals and citations were awarded corpsmen including three Medals of Honor. Today, the Hospital Corpsman works in a peacetime Navy. While not faced with the threat of an enemy's gun, his job still demands the utmost devotion, determination and skill. These traits, and the willingness to sacrifice, will continue with the Hospital Corpsman. He has surely earned the title of the U.S. Navy's "Most Honored Men."

#### CWRA XMAS PARTY

1 January 1979

NRMC's Civilian Welfare Recreation Association pulled out the stops and put on a super Christmas Party on 22 December for all of the Staff. The Association, headed by Joyce Dover with her able staff of Doris Villar, Joyce Hawkins, Larry Glen, Joseph Callender and Al Larrivee, planned a marvelous buffet and to top off the festive occasion, each quest received a fruit cake. The party certainly set a record for having the most guests in attendance. Congratulations are in order for the Association's fine efforts. They certainly had to realize a tremendous sense of satisfaction when they saw the happiness and fellowship of the staff as they enjoyed the party.

#### The Three Wise Men, Santa Claus and WHO?



The Three Wise Men (Larry Brown. Steve Foster and Tom Castle), Santa Claus (WO Woodruff) put on an impromptu floor show at the Staff Party. By the way, that is Larry Zimmerman in the middle, accompanying them on the organ.

### CLINICAL ASST. CLASS

There will be a Clinical Assistant's Class up-coming in February. Watch the POD for details!

#### ATTAGIRL!



LCDR Carolyn Carlton, NC, USN, has been training the Winter Park Police Department in Cardio-Pulmonary Resuscitation. She started the training over six months ago and now returns once a month for re-certification. As a reward for her "on-going battle" to keep the Winter Park Police certified in CPR, she was recently presented a certificate from the Chief of Police.

# LOCKER

FOR SALE: Samoyed Puppy. Female. AKC registered with papers. 8 weeks old. \$150. Call 859-0505. HM3 Avidon.

FOR SALE: Stamp Collection. Thousands of singles and sets. Ideal for amateur. \$50. 647-1354 evenings.

FOR SALE: Apartment sized washer - excellent condition. \$40 or best offer. Call X4781 or call 678-5342 after 5:30 p.m.

Chaplain's

Comments

By LCDR I. O. CARTEE, CHC, USNR

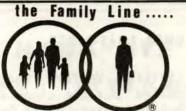
TRY FAITH AND WATCH WHAT HAPPENS

We humans tend either to plan too much for the future which has not come. or to dwell too much on the past which can never return. At the same time we neglect the present, and it is the only time we have. The present is the only time we can make the most of anyway. As we make our way through life, one day at a time, what we need most is a big shot of faith to boost our sagging spirits. We all need an injection of a vibrant quality that will change our attitudes and provide a dynamic motivation in our lives. Too bad we can't go to the pharmacy and get some faith pills to take. Too bad that we can't take a syringe, draw faith from a bottle, and inject it into our veins. We mix into the crucible of human experience many ingredients, experiences and things. Dare we leave faith out of our formula? Faith is a vital ingredient that infuses the believer with new energy, joy and a sense of well-being. It can bring us to a higher level of thought and action. Faith is a vital element that is needed in all our lives. Think of it, faith has it's own eyes. We can see God with the eyes of faith. Faith enables us to see beyond today, beyond our time and place, and beyond our circumstances. Faith is not a gritting of the teeth, a bearing down, and a trying to create a good feeling within ourselves. Moreover, faith is a quiet surrender of ourselves, all our yesterdays, our today and our tomorrows, to God. Try a little more faith in your life and watch what happens.

### Family Line "QUOTES"

"Leadership lights the way. Ignore it and your limit is the work of your own two hands. Learn it, and your limit is the world and the sky above it."

Author unknown



By CDR C. VICTOR ROMANO, MC, USNR

#### people profile ....

LT Aurelia Nowak, NC, USN, is one of our family nurse practitioners who is assigned to the NRMC unit. LT Nowak claims Milwaukee, WI, as her home, but fortunately, or unfortunately, they don't claim her. Therefore, we at the hospital are forced to have that honor! It seems Milwaukee would rather be known as "the beer capital of the world" and not as the birthplace of Miss Nowak.

LT Nowak has been in the Navy for 5 years and seems to enjoy it. The Navy was not her first choice as she had planned on a career in the Peace Corps, but Miss Nowak soon changed her mind when she realized she could not wear a pretty blue uniform with gold trim and a bucket on her head. LT Nowak can be seen in town driving a green LeMans at the "upper limits of normal," but seems to have it under control. Miss Nowak enjoys football -- especially the Green Bay Packers, music and dancing. Speaking of her dancing, Miss Nowak has had many opportunities to display her talents at several of our famous disco clubs in Orlando. One night, she danced so much she injured her knee. This injury caused Miss Nowak to have an operation but the surgery was successful. With good physical therapy, Miss Nowak has made remarkable progress and is once more doing a full days work.

Miss Nowak is a charter member of the NRMC Prime Time Players and has performed at many hospital functions. As a matter of fact, they still talk about the Christmas party of 1977 when she did her famous dance for Captain Powell!

It truly is a pleasure to have a young lady like Miss Nowak on our staff and all agree that Family Practice would not be the same without our Miss "Statwak."



1 January 1969

#### CAPTAIN'S CALL FOR CIVILIAN STAFF

Attendance for "Issues on the November Ballot" was poor though the presentation was excellent and well received by those who did attend.

The In-House program on "Upward Mobility" was stirring to many employees but the question has yet to be answered about the Upward Mobility program at NRMC Orlando. Maybe that would be a good question for Captain Zimble on the 15th!

There have been many contributions in the form of ideas and suggestions for the In-House programs and for the women's program in general. They, and all others, are needed and appreciated.

### 7088,48

Anyone interested in joining the NTC 100 Mile Running Club can contact Petty Officer Upson at X5610/4752 or 855-6942 after 1700. This club's goal is to run 100 miles in three months.



### NRMC

#### SPORTS

By HM2 Robert G. Greene, USN

#### Basketball

As of press time, our NRMC #1 ranks second in the team standings and our NRMC #2, twelfth. NRMC #1, despite the super play of Maurice Shaw, Rudy Pearre, and Kevin Johnson, suffered their first defeat bowing to the Bombers in a close one - 56 to 55.

NRMC #2 caught fire in their game against the Dirt Bags and led by the fine play of Ed Niec and Al Wright they racked up their first win.

#### JANUARY SCHEDULE

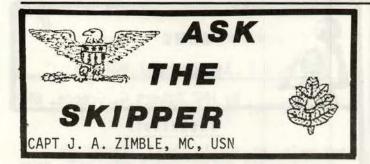
	NRMC	#1	10	JAN	1845
			16	JAN	1845
				JAN	1845
	NRMC	#2	11	JAN	1730
			17	JAN	1845
			23	JAN	1845
			29	JAN	1845

### Commander's Cup Bowling

The NRMC team is having its problems in the CC Bowling League. After eleven weeks of bowling, our team has a record of 12 wins against 32 losses. This team really needs our support! They bowl on Thursday nights at either 1800 or 2000. Call John Arias, X5237, and find out what time they are bowling so you can be there to cheer them on. They need cheering!

### Monday Night Bowling

After position night in November, the race for first place honors has tightened up just a bit. The Over the Hill Gang is "on top of the hill" while Paul and the Flip Flops and The Five Pins are taking turns occupying second and third place.



Since the last issue of "Vital Signs", I must report to you that there has been only one question put to me for this column. That can mean one of two things: either, (1) people feel it's useless to ask or, (2) the communications here are adequate. Although I wish for the latter alternative, as I examine the one question submitted (which, by the way, is fit to print) some doubts as to that assumption are raised.

Question: Why do most of our staff seem to be so non-informed about information such as new policies, rules and general information? I refer to information that is passed to chiefs of services at meetings which should be disseminated to personnel within the services. It is agreed that most information is directed to physicians, however PA, NP, nurses, and civilian personnel do have a need to know.

Answer: Information provided at the Chiefs of Service meetings is expected to be passed on to all members of their services. I am constantly amazed at how seldom that occurs. (In fact, some of our Chiefs of Service seem formed".) It is specifically for that reason that we are trying to develop alternate communication channels. We all know the Plan of the Day doesn't do it. I suppose it's because the plot's so dull that only 10% get the word via the POD. Hopefully, "Vital Signs", created mainly for the purpose of enhancing communications, will do the job. I hope you will let me know if it's working or if there are other ways we can pass the word up and down the line.

May the new year be a happy one for all the staff, patients and friends of Naval Regional Medical Center, Orlando, and may 1979 be the "year of the word".

#### DECEMBER WELCOME ABOARDS

LCDR A. H. SOLARES, MC, USN, from NavRegMedBraClinic Hawaii.
ENS M. E. WYNN, NC, USNR, from NTEC, Newport, RI
HM3 T. G. SCHESSLER, JR., USN, from NSHS, SDIEGO, CA
HM1 F. N. LEDFORS, USN, from 3rd FSSG, Okinawa
HR J. M. SCHLICHTING, USN, from HCS GLAKES, IL
HN T. A. GUTH, USN, from NavHosp Key West, FL

#### JANUARY DEPARTURES

#### TRANSFERS:

HM1 F. R. MOORE, USN, to USS
SARATOGA (CV-60)
HMCS J. W. PHILLIPS, USN, to USS
BRYCE CANYON (AD-36)
HM3 C. L. RUFF, USN, to NAS North
Island Branch Clinic, SDIEGO, CA
HM2 D. G. CHANCE, USN, to BMR
School, Lowry AFB, CO

#### SEPARATIONS:

LT S. M. THOMAS, MC, USNR HN R. N. PEARRE, USN HN D. E. MIRAULT, USN HM3 R. R. BOYD, USN HM3 N. D. FONTENOT, USN HM3 R. A. COURTRIGHT, USN HM3 R. L. BRUNS, USN HN S. S. KAEBISCH, USN HN S. E. FERRIS, USN HM2 L. J. SNOW, USN HM3 Q. WIGGINS, JR., USN HN J. L. GARCIA, USN

#### WHOODIZ IT?



HM3

PAUL J. GEARHART,

USN

Nursing Service

#### BIRD'S EYE VIEW OF PROGRESS

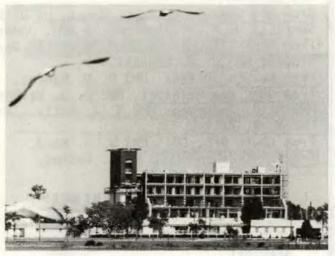


Photo by LCDR A. D. Saleker, MSC, USN, D.P.M.



Photo by PH2 R. E. Farmer, USN, NAC Photo Lab

#### PROGRESS REPORT FROM THE MCLO

As the block and bricks rise on the steel skeleton of our new building and it begins to look like a finished product, the interest in the new hospital also grows. Some of the basic facts may help to satisfy your curiosity, and you'll be able to answer some of your neighbor's questions too.

The five story structure and its power plant will contain 207,900 square feet of floor space. The first floor will be largely composed of outpatient clinics, clinical support activities such as laboratories, pharmacy, and radiology services, and administrative spaces. Also on the first floor will be the food service spaces, CSSR, the medical library, and operating services spaces. The second floor will house the surgical and delivery suites, recovery room, an 8-bed ICU/CCU, the OB post-partum nursing unit and the nursery. The third floor is composed of one set of solar panels and some of the complex mechanical and engineering machinery. The fourth and fifth floors will comprise the major areas for inpatients. These wards are made up of one, two, and four-bed rooms, which will allow for care of patients by medical criteria, not separated by sex. Each room will have its own private bathroom and shower, a two-way nurse-call connecting each bed to the nursing station on that floor, and piped-in oxygen, vacuum and compressed air.

The building was designed using the latest concepts in energy conservation, fire protection, and security. In addition to the arrays of solar collectors which convert solar emissions to use in the domestic hot water system and to assist in the building air-conditioning operation, the heat generated by lights, machinery and even people in a room will be recovered and recycled. A sophisticated computer system will be used to run these energy-conserving systems and to monitor and control the numerous other



LT Robert E. Elster, MSC, USN Medical Construction Liaison Officer

We've come a long way



On 7 June 1978, the last steel beam was placed in position with appropriate ceremony. Remember?

mechanical system components. Fire detection and protection will be done by a series of fire and smoke detectors throughout the building, a sprinkler system that covers the entire hospital, and a computer program which will suck air out of a smoke-filled area and pressurize surrounding areas to prevent spread of the smoke. Security will be provided by a bank of closed-circuit televisions continuously monitoring the building exterior and parking lots, plus interior cameras located at the pharmacy windows, the collection agent office, and other selected spots. All exterior and certain interior doors will be alarmed, and all refrigerators and freezers containing blood and pharmaceuticals will be monitored.

In the event of a power failure, not uncommon in Orlando, 1200 killowatts of diesel-powered generator energy will continue the electrical service to all the hospital's vital areas and equipment.

With this modern building growing before us in the "backyard", probably the most popular question becomes "When do we move in?" The honest answer is "I don't know." In the next few months the brick will be all in place, the windows will be set in, and the structure will look complete. But there will still be months of work on the interior: running gas lines, erecting walls, plastering and painting, and many, many hours of systems testing and repair. All these things take a long time; how long depends in part on how much repair work is needed to make all the systems workable. At present, best guess on the move-in date would be between 1 November 1979 and 1 January 1980 but even that is subject to change.

In subsequent issues, I'll try to keep you current on construction progress and also to point out some features of special note in the new building.





LT Edward H. Manley, MSC, USN

LT Edward H. Manley, MSC, USN, Food Service Officer, NRMC, has recently been elected President of the International Food Service Executives Association, Orlando Branch, for 1979. Mr. Harry M. Belch, also of our Food Management Service was elected Secretary. Congratulations are in order to both LT Manley and Mr. Belch.

#### **DECK-ORATORS** Recruiting

The DECK-ORATORS TOASTMISTRESS CLUB is seeking new members. They meet at the Officer's Club every 1st and 3rd Wednesday from 5:30 to 7:00 p.m. Contact Dorothy Box at 646-5441 to find out about joining.

#### WHOOOIZZIT??



DO YOU KNOW THIS STAFF MEMBER?? (Answer on Page 8)

#### WELCOME ABOARDS

From NRMC Charleston: LT D. J. MacNamee, NC, USN From HCS GLAKES: HR P. C. Rouse, HN J. E. Sumrall, HR D. P. Parsons, HN R.J. Jones. From NSHS SDIEGO: HA H. P. Santiago-Rodriquez, HM3 C. A. Hegdahl. From NavSta SDIEGO: HM3 D. W. Bement. From NRMC New Orleans: HM2 D. J. Walker, HM3 M. J. Anderson, HM2 S. J. Dally, and HM2 M. W. Dally. From Lowry AFB, CO: HM3 W. J. Mand. From NRMC Japan: HM2 G. T. Dedios.

#### FEBRUARY DEPARTURES

LT C. R. Hash, NC, USNR, to NavHosp Beaufort. HM3 D. J. Gray to NRMC Bremerton. HM3 S. L. Roberts to USS L.Y. SPEAR HM1 C. Ventura to NSHS Portsmouth, VA HM2 C. B. Marks to MCB, 29 Palms, CA HM1 C. H. Turner, Jr., to NSHS Portsmouth, VA

#### SEPARATIONS

#### REENLISTMENTS

DT3 F. A. Eisenmann HN B. Hernandez HM1 J. W. Harden

HM3 S. L. Roberts HM2 S. G. Fox HM2 N. F. Harding HM2 A. G. Thorgerson

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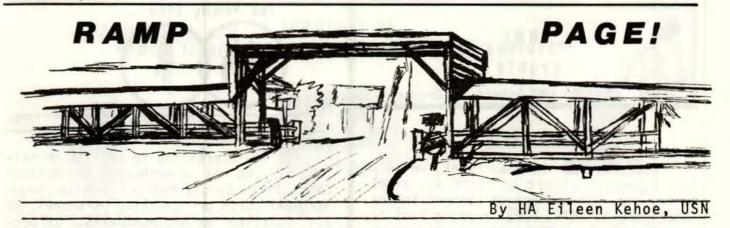
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Commanding Officer: CAPTAIN J. A. ZIMBLE, MC, USN HMCM(SS) R. C. CLEMENTS, USN Editor:

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VITAL SIGNS 1 February 1979



#### What do you think of Navy Women going to sea?



HM1 C. S. Ventura, Outpatient Service: "Outstanding! Yes, I'm certainly in favor of women going to sea. In the next fifteen years the Navy is going to be short of manpower and we've got to have some bodies aboard ship and if they are female bodies, I don't have anything against it. I'm a red blooded sailor and I'm going aboard ship myself and that is why I'm very sympathetic to the cause.'

DA Eric Walker, Dental Service: "I don't think women should be allowed to go to sea because women doing jobs like Boatswain's Mate will never gain any respect. Did you ever see those old guys out there? They just would never gain any respect. There just ain't no way - believe me. I know."



Page 3



DT2 Patricia Warden, Dental Service: "For some women, it may be fine. Especially young women who do not have the responsibility of a husband or children. I don't think a lot of them have thought about the jobs aboard ship. The average woman is not physically capable of handling a deck-hand job on a ship. Women in the medical and dental fields probably won't have that difficulty but I just don't think it should be mandatory for women to go to sea. It should be left on a volunteer basis."

HM2 Marjorie Blagmon, Surgical Service: "I think it is a good idea. I don't think it should be mandatory, but I think that women who want to go should be able to do so."



#### NRMC

#### SPORTS

By HM2 Robert G. Greene, USN

#### Basketball

Due to the holiday break, we only have 4 games to report on. NRMC #1, after losing to Service School Command in the last game of 1978, came roaring back to beat The Bombers 57 to 55 and then proceeded to stomp on the Slum Lords 78 to 49.

While all this was taking place, NRMC #2 was being beaten by Service School Command 70 to 41 in their first game of the new year. The Bombers weren't too gentle with NRMC #2 either -- giving them a 78 to 42 defeat.

#### SCHEDULE

1 FEB NRMC #2 vs NPS #1 6 FEB NRMC #1 vs GALLEY 7 FEB NRMC #2 vs NAC \* 13 FEB NRMC #1 vs NRMC #2

\* DON'T MISS THIS ONE!!

#### Monday Night Bowling

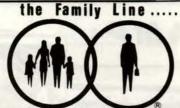
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The Monday Night Bowling League had a few high rollers the night of 15 Jan. Mike Popovich, President of the League, rolled a nice 200 game, while Ray Enderez had an outstanding 587 series, including a 208 and a 234 game. High game for the week went to Eddie DesJardin from NRDC with a nice 236 game.

#### Softball

With softball season only two months away, we need to start getting organized. Besides players, we also need some non-playing personnel who would be interested in coaching the team or teams. Anyone interested, please contact HM2 Greene at X4383. Practice will be starting around the first week in March.

1 February 1979



By CDR C. VICTOR ROMANO, MC, USNR

It is interesting to realize no matter if one is a member of the Medical Corps, Nurse Corps, Medical Service Corps, Hospital Corps or civilian personnel, we all function as professionals. In performing our duties, we are all working as an integral part of the health care team. Therefore, to carry this concept further, we are all colleagues with one aim -- quality medical care.

In this time of severe medical shortage, it becomes even more important for each of us to work together as a team and not just concern ourselves with our own little area of responsibility. It is the whole picture that is made up of several parts which results in the final print.

We must all become involved with each other in order to produce a highly efficient staff. It doesn't make sense to be aloof and non-caring for our people. Offer help and assistance when asked. Try to better utilize our people. Help to educate them and be patient. We are all here striving to do well in caring for our patients, which at times seems to be an insurmountable job, but in reality, it isn't. It only takes common sense, professional desire, satisfaction, and above all, the complete cooperation of every individual in this command. By working in harmony with each other and other commands and people and continuing to do our best, we can deliver the best medical care in the community. Be proud of what you do, be confident, and be a help to each other.

#### 7088, ua

The jogging course has been reopened through the golf course; however, all joggers planning to use this course must complete a Hold Harmless Form. These forms can be obtained at the NTC Gym and they will be kept on file at the Gym.

## COMMENTS ON NRMC'S FIRST CAPTAIN'S CALL FOR CIVILIAN EMPLOYEES



Pat Johnson, Surgical Service: "I appreciate the fact that it was especially for civilians and hope we have another one."



Joseph Robichaud, Appointment Desk, Outpatient Service: "I think it was really good. Very interesting. It brought up a lot of good points that needed clearing up. I am looking forward to another one."



Francis A. Hodges, Acute Minor Care Clinic:
"This was the first Captain's Call I had
ever attended. I thought it was very
informative and the Captain was very sincere. I think we should have more of
them. It would be better if the minor
gripes were handled at the supervisor's
level and not at Captain's Call."



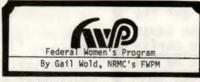
Pedro Marcial, Housekeeping Service: "I think it was great. By explaining a lot of good things about civilian personnel, it was very beneficial to us."



Bette Mullen, Nursing Service: "I think it was super! My only regret is that I didn't submit the comment to him that his establishing VITAL SIGNS was a big step toward establishing better communications at all levels."



CAPTAIN J. A. ZIMBLE, MC, USN Commanding Officer



CAPTAIN'S CALL for Civilian Employees was held 15 January 1979 in the William G. Lawson Room. Captain J. A. Zimble, MC, USN, assembled representatives from the Civilian Personnel Office as well as his own Administrative Staff to assist him in answering the questions. In order to achieve maximum satisfaction in the limited time for the program, the staff had been urged to submit their questions, in writing, at an earlier date.

COMMUNICATION was the word for the day at this In-House program. Captain Zimble believes that keeping everyone informed, at all times, provides a better working environment which helps this hospital to accomplish its mission. The majority of those attending felt that the program was very informative and very beneficial. The attendance, by the way, set a record for the In-House programs --- standing room only! Based on the success of this program, the Captain has decided to have Captain's Call for Civilian Employees on a quarterly basis.



Barbara Cheney, Radiology Service: "It was a long time coming. We needed it!"



Carolyn Edwards, Nursing Service (Wd 5):
"It was very good of him to meet with the civilian staff and give them an opportunity to discuss freely concerns or objectives. I felt he appreciated our contribution to the hospital."



Larry P. Glenn, Housekeeping Service: "I think it is a good idea and it should be continued. I hope more wage-grade employees will get involved by submitting questions for the next program."



Doris Villar, Operating Management Service: "Very worth while and a step in the right direction. Hope there will be many more."



Ruth Graham, Outpatient Dictation, Outpatient Service: "I think it was great. The candor was extremely refreshing. I was greatly impressed by the amount of preparation that was devoted to make this program a success. I hope we have another one."



Millie Ann Johnson, Housekeeping Service:
"I thought it was very beneficial. Something I wish would happen more often."



Mary Dejulio, Nursing Service (Ward 10):
"I thought it was excellent. There were, however, so many different sections represented that he couldn't go into detail with each service. Hopefully, we will have more in the future with each service being allotted so much time."

1 February 1979

#### Chaplain's

Comment

By LCDR I. O. CARTEE, CHC, USNR

#### RESIGN OR RE-SIGN

We have all experienced disappointment. We have all known something which fell short of our expectations and hopes. and which made us thoroughly disappointed. No doubt, every person who has ever lived has suffered shattered dreams, and has lived with some measure of unfulfillment and failure. If we allow it to get the best of us, such experiences can cause life to really turn sour. A fellow christian once remarked to me that he had learned to turn disappointments into "Hisappointments." What a wonderful thought! Such a statement does not mean that Christian Faith is a "fool's paradise." Nor does it mean that when one fails or faces disillusionment that he is to piously fold his hands and say, "Well, it is the will of God, and I must bear it." Granted, much that does happen to us occurs within the realm of God's permissive will. However, that does not mean that we should resign ourselves from life and living. We should not stop there. What it does mean is that the person of faith will stand on the promises and not the problems. God has promised to be with us and to help us. God may not change our situation in life no matter how hard we pray and ask Him. A greater truth is that God changes men not circumstances. Our situation may not be changed FOR us, but God can change our situation THROUGH us. If we may not have the opportunities we want in life, let us utilize to the fullest the ones we have. Instead of disappointment being the end of everything let us work to make it the beginning of something. An anonymous writer has shared these thoughts:

#### Family Line "QUOTES"

"The important thing in any organization is the creation of a soul which is based on pride."

General George S. Patton, USA

One day when I was worried and feeling blue,
I read a small "prescription" that I will share with you.
It said: "When you are discouraged, don't sit and fret and frown.
Just get a piece of paper and write your blessings down."
I thought that there was nothing for me to write about

But, boy, before I finished, my

fountain pen ran out.



#### HARD TO BELIEVE

The Navy is really interested in getting you the assignment you want. Your detailers in BUPERS are there to serve you in your needs, desires, and problems.

The detailers spend a lot of time trying to give you the assignment you have asked for. You, in turn, have numerous ways of making your desires known. First, you should send in an Enlisted Duty Preference Form (NAVPERS 1306), seven to eight months before your Projected Rotation Date (PRD). Second, you can submit an Enlisted Transfer and Special Duty Request (NAVPERS 1306/7) for such things as "swaps", spouse duty, school request, etc. Third, you can personally discuss your assignment with the detailers by telephone. These are the ways you make your desires known. You'll never know if you don't ask someone. The fact that you may want to reenlist does NOT quarantee that you will get whatever you desire, but the asking is free! Talk to your Command Master Chief or Career Counselor, HM1 Tedin, then pick up the phone and call the detailer. The use of AUTOVON for calling BUPERS, in this case, is official.

There is still no charge or obligation for asking -- talk to the Command Master Chief!

#### NURSING

#### SERVICE

CDR N. J. Stewart, NC, USN

#### GETTING ALONG

"The most important single ingredient in the formula of success is knowing how to get along with people."

Theodore Roosevelt

The second most important ingredient in the formula of success is how to deal with people. We frequently hear one person criticizing the actions of others or making statements of dissatisfaction with another person. When someone has been irritated by another person, it is natural for that person to try and free themselves of the frustration by complaining to others rather than confronting the individual face to face. Too many times we are quick to criticize the actions of others without giving them the chance to explain themselves. In many cases, the irritator is not aware that he or she has committed the dastardly deed.

There are those who change their attitudes toward a person from remarks made about the person by someone else. Positive statements are good; however, in most cases, the remarks are negative and this leads to lack of cooperation and detracts from cohesive unity. This type of attitude also inhibits teamwork and morale dissipates.

A person who criticizes another behind his back makes cooperation and teamwork next to impossible. We have all heard remarks made about others and see them blown out of proportion, but how many times have we defended the accused even when we know the remarks are exaggerated? Just remember, when you are down on someone, others may be influenced as well -- remember, tomorrow it may be you being criticized.

If we hope to enjoy a good working team relationship, we should be careful how we criticize others. If someone upsets you, the best way to handle the situation is to calm down, then discuss it directly and privately with the person

concerned. Give the person a chance to explain themselves. They may not be aware that they have done wrong -- but when they are made aware, will more than likely apologize and rectify the situation themselves. This makes the situation easier all the way around.

You don't have to be abrasive, tactless or forceful when approaching a person on a problem. People who habitually resort to these tactics show poor judgment. Our purpose at NRMC should be to help, not humiliate each other.

#### Oakleaf

#### Auxiliary

By Mrs. Barbara Smith

UP-AND-COMING!

Our sincere thanks to the Dental wives for hosting our January function at the Officer's Club. We had an outstanding turn-out and a most enjoyable time.

While the post-holiday doldrums may engulf the rest of our country, the upcoming social calendar is alive and well in Central Florida! The Officer's Wives Club Art Auction on 4 February will be a spectacular event. Your invitations have been mailed and we hope you can join us at the Navy Exchange Cafeteria at NTC for what promises to be a wonderful time.

And now, it's our turn (after all the hostessing, cooking and wrapping) to treat ourselves to a well deserved holiday at Lake Buena Vista. The Medical Service Corps wives have arranged our February brunch at the Lake Buena Vista Country Club on the 8th. The "Skipper's Table" has been reserved for you at 10 o'clock. Arrange your car pools, and remember the Magic Kingdom Cards (available to us at Special Services). They are good for substantial discounts at all the attractive shops in the shopping village.

Here is an opportunity for you to learn more about military pay and allowances, Champus, Survivor's Benefits, etc. Navy Relief Volunteer course starting Feb 7th. Contact Beverly Haney, 646-5132 for more info. You need not make a commitment for volunteer work in order to attend.

#### HAWK-AYE

By Geo

#### So proudly we stand. . . .



Did you know there is a flagpole at NRMC? Well, there is -- located in front of Bldg. 3000. The 50' tilting pole is made of tapered aluminum. It was installed in June 1968 at a cost of \$2,000. On the very top is a brass/gold colored 10" ball that indicates that NRMC Orlando is a shore activity where the CO is of the grade or equivalent grade of captain in the U.S. Navy. About twenty feet down from the top, is a "cross tree." Flags and pennants indicating various signals and messages are displayed in this area. Currently,

signal "I standby to assist you" and this command has the "medical guard" is displayed. The lines suspended from the pole are "halvards" and are used for raising and lowering flags or pennants. For easy maintenance, the pole is supported by a "equipoise tilting base" which in turn, is anchored in the ground by a 5 by 3.6 foot concrete block. The primary reason for the NRMC Orlando flagpole is to display the American flag. Each morning and evening a flag ceremony is Every Thursday conducted. morning, weather permitting, the Navy Band Orlando participates in the ceremony. The Commanding Officer cordially invites YOU to be a part of this tradition. It only takes a few minutes to stand at attention with your shipmates and friends, listen to the band and salute your country. You can't help but be proud and what a wonderful way to start the day! You will want to be a better American and will be thankful that you are not one of the oppressed peoples of the world or like the "boat people" who have no flag or country.

\* \* \* \* \* \*

#### OUR OWN ATTABOY!



THE SURGEON GENERAL OF THE NAV 29 December 1978

Master Chief Hospital Corpsman R. C. Clements, USN Editor, VITAL SIGNS Naval Regional Medical Center Orlando, Florida 32813

Dear Master Chief Clements:

Congratulations on your new newspaper "Vital Signs." I very much enjoyed reading about the activities and events which you featured in your first edition and was particularly intrigued by the "WHOOIZZIT?" column. You have started off in grand style.

May I suggest that you carefully preserve a copy of each and every edition because in years to come your "Vital Signs" file will be a great source of interesting background information about your fine center.

With best wishes for your continuing success.

Sincerely yours,

M. P. ARENTZEN
Wice Admiral, Medical Corps
United States Navy

\*\*\*\*\*\*\*\*\*\*\*\*

#### EDITOR'S PS!

The "ASK THE SKIPPER" column is missing due to the Skipper's trip to Wash. D.C. Don't forget to submit your questions to him - if you don't ask, you won't know.

LCDR Jane Norman, NC, USN, has assumed her new job in the Nursing Service as the Utilization Review Coordinator.

Nursing Service extends a heartfelt thank you to Mr. and Mrs. Jewell (Ward 10) who recently donated some very deluxe, handsome binders for all the new Ward Policy and Procedures Manuals.

#### WHOODIZZIT?



DICK FARREL

MAIL MAN - BLDG 3000

OPERATING MANAGEMENT

SERVICE



Award presented to the Fiscal Office staff on 15 Dec 1979 by Captain Zimble. L to r: LCDR M. Mitchell, Joyce Hawkins, Hannah Shavell, Betty White, Retta Chadwick, Robert O'Hallaron, Captain Zimble.



Award presented to the staff of the Supply Branch by CAPT Zimble of 15 Dec 1978: L to r: Barbara Rhodes, Jack White, John Julian, Glenda Strickland, Jean Callahan, Vera Walraven, Gloria Carter, and CAPT Zimble



Civilians awarded Outstanding Performance ratings on December 15, 1978: Blondeen Hammonds, Shelia Simmons, John Julian, Robert O'Hallaron, John White, Betty White, and Joyce Dover.



Civilians awarded Outstanding Performance rating and Sustained Superior Performance awards on 15 Dec 1978: Minnie L. Tryon, Barbara Cheney, Vernon Ritchie, Gerald B. Gullatt, Isabell DeVinny and Gloria M. Carter.

FROCKINGS held in Captain Zimble's office on 29 January 1979



LT Randel S. HICKS, MSC, USN, with CDR John W. Young and Captain Zimble



LT John F. THOBE, NC, USNR, with CAPT Redgate, Mrs. Thobe and young daughter



LT Thomas K. BADGER, NC, USNR, with CAPT Redgate and Mrs. Badger





LT Quinones H. QUILES, NC, USNR, with CAPT Redgate and Mrs. Quiles



LT Dale E. WALKE, JR, NC, USNR, with Mrs. Walke and his mother



LT Darlene S. JONES, NC, USNR, with Captain Redgate and Captain Zimble



LT D. H. Rosenbaum, MSC, USN, with LT Elster and Captain Zimble



LT Virginia M. MAYO, NC, USNR, with her husband HM3 A. R. Mayo & LT Jones



CDR Arturo H. SOLARES, MC, USN, with Captain Redgate and Captain Zimble

-THE NAV-A-GATOR-Thursday, January 18, 1979

## Sturzebecker Captures Sailor of the Quarter

Hospital Corpsman Second Class Scot Sturzebecker has been named Sailor of the Quarter for the Naval Training Center, Orlando, Fla. He is the son of Mr. and Mrs. William Kithcart of 164 Reservoir Road, Lake Hopatcong, N. J.

The Sailor of the Quarter honor is accorded to the man or woman judged to best exemplify the outstanding qualities expected in a sailor including

the man or woman judged to best exemplify the outstanding qualities expected in a sailor including leadership, work performance, military appearance and dedication to the Navy and country.

Petty Officer Sturzebecker is assigned to the Bio-Medical Repair Department of the Naval Regional Medical Center, Orlando, and provides maintenance and repair for the hospital's electrical and electronic equipment.

Before joining the Navy, Sturzebecker thought corpsmen were similar to orderlies, but after talking to a corpsman he realized he was wrong

talking to a corpsman he realized he was wrong. This conversation led to his enlistment.

He feels many people misunderstand the

corpsman's duties.

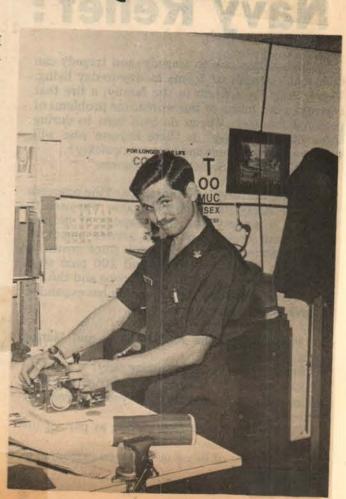
"It's difficult to explain. When people ask me, I tell them I'm not an orderly, not a doctor, or a nurse, but somewhere in-between, "he said.

Sturzebecker completed recruit training in 1976 and attended Basic Electricity and Electronics School in Orlando. He then went to Electronic Technician (ET) School in Great Lakes, Ill.

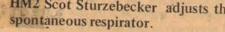
Upon completing ET training, he received a lateral conversion from the Secretary of the Navy to the hospital corpsman rating.

Sturzebecker is hoping to become a commissioned officer "because of the greater professional opportunities." He is working on a degree in bio-medical engineering at Central Florida University.

A two-year Navy veteran, Sturzebecker is a member of the Naval Regional Medical Center Social Committee and the non-commissioned officers' association.

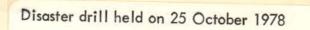


HM2 Scot Sturzebecker adjusts the air flow on a





LT Linda C. HADDAD, NC, USNR, with Captain Redgate and Captain Zimble





















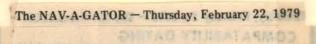














LT Edward H. Manley, MSC, USN, Food Service Officer, NRMC, was recently elected as the President of the International Food Service Executive Association, Orlando Branch. Manley is a 1975 graduate of Cornell University's School of Hotel Management, and has received his Master's Degree from Rollins College.













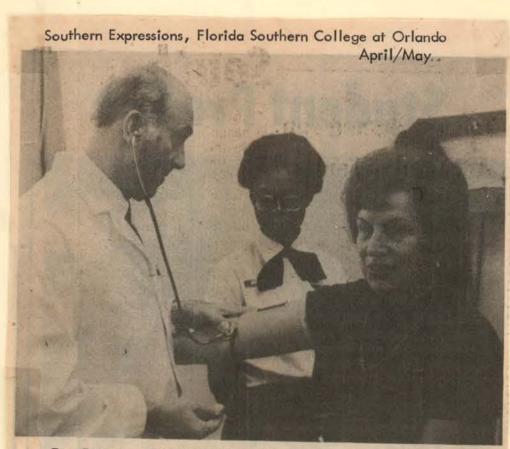
HM3 Beckey JOHNS, USN, Military Personnel Service, reenlisted under the GUARD III program for guaranteed duty at Naples, Italy. Petty Officer JOHNS was reenlisted by LT ROSENBAUM.



HM2 Arnold G. THORGERSON, USN, NRMC Annex, reenlisted under the GUARD III program for guaranteed duty in 6th Naval District (Pensacola, F1). Petty Officer THORGERSON was reenlisted by CAPTAIN ZIMBLE.



HM2 ROBERT W. SPINDLE, USN, Emergency Room
Reenlistment Officer - CDR Patricia CLANCY, NC, USN



Dr. Romano, FSC-Orlando's outstanding citizen for 1978 shown working with new Navy Family Clinic, a concept he helped establish.

## Romano Selected As F.S.C. Orlando's Outstanding Citizen

Victor Romano has been selected Florida Southern College at Orlando's Outstanding Citizen for 1978, says Dr. Robert E. Hedrick, F.S.C. Orlando Director.

A career Naval Medical Officer, Romano was chosen because of his involvement in community affairs, the medical profession and college life, Hedrick says.

Hedrick says that Romano was instrumental in establishing the Family Practice Program in the Orlando area. Navy families now have a doctor assigned to them for the entire time they are here, instead of seeing any doctor available when they needed one.

The program has had a positive

impact on Naval personnel and their families, Hedrick said and has resulted in a renewed confidence in the medical health program.

However, Hedrick said that Romano's contributions to the medical profession are only a small part of his service to the community.

Active in the Boy Scouts of America for over 30 years, Romano has also worked with the National Youth Sports Program, the U.S. Naval Sea Cadets and Alcoholics Anonymous.

Romano was also instrumental in helping Bethune Cookman prepare approximately 500 young people for participation in the Summer Athletic program, Dr. Hedrick said.



CAPTAIN ROMANO REENLISTING HM2 STEPHEN FOSTER, USN, NRMC ANNEX.



## BRAVO ZULU FROM OUR CO!

I am sure you are aware that we have recently had the marvelous opportunity to "show off" our professional endeavors to two prestigious teams of hospital evaluators, the Joint Commission on Accreditation of Hospitals and the Inspector General, Medical. I must commend the entire staff for their outstanding cooperation and for their performance of a job exceedingly well done. Of the many comments about NRMC Orlando which I have received from all members of both teams, I was most gratified by the universal acknowledgment of the warmth and friendliness

exhibited by all members of the staff. In a people-oriented enterprise such as this hospital, empathy is a hallmark of successful treatment. The TLC, which is an unwritten part of every prescription at this facility, is very much in evidence and was so perceived by the inspectors. BRAVO ZULU to you all.... in other words, WELL DONE!

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#### DO YOU HAVE A BURNING DESIRE TO QUIT SMOKING?

There is a new program to help you!
The Smoking Cessation Program was implemented at NRMC Orlando in January. The Commanding Officer has appointed HMCM William Calicott as the command representative smoking educator and a committee has been selected to assist him.

In the short time the Committee has been in existence, their accomplishments have been many. They have:

1. Distributed over 13,000 information packages, brochures and posters throughout NRMC.

2. Organized a Smoking Cessation Seminar held at NRMC and sponsored by the American Cancer Society. This seminar was conducted over a 4 week period and was open to all active duty, retired, their dependents and all federally employed civilians.

3. Coordinated through the Seventh Day

Adventist Church, a 5-day plan to quit smoking. This workshop will begin 12 March at NTC base theater at 1400 and each session will be for 1½ hours.

Future workshops and clinics will be established at a later date with NTC and with the City of Orlando.

The hard working committee members are: CDR Joseph Smith, LCDR Carolyn Carlton, LT Lonnie Crafton, Mrs. Betty Mullen, MM1 Joseph Huggins and HM1 David Grant.

Anyone desiring to assist in this program is asked to call HMCM Calicott at X-4307.

The Commanding Officer fully supports the Smoking Cessation Program and asks that all NRMC staff do their part in establishing a non-smoking "climate" in our medical facility.

Orlando, Florida

March 15, 1979 Vol. 11 No. 34

## NRMC: All Around Basketball Champs



These smiling faces belong to the Naval Regional Medical Center (NRMC 1) basketball team, NRMC 1 captured the Commander's Cup Basketball Championship with a 12 and 1 record. Here Captain James Zimble, NRMC CO, receives the championship trophy from Captain Rollie Shea, NAC, CO. NRMC 1 has more to be smiling about than the league championship because this past weekend they defeated Naval Security Group Homestead in the Regional Tournament that was held at the NTC gym. NRMC 1 will go on to represent NTC Orlando in the Southeast Regional Tournament to be held in Charleston, S.C. this coming weekend. Next week's Nav-a-gator will carry more details about NRMC's championship team. Congratulations on last week's win and good luck this weekend.



VOL I No. 4

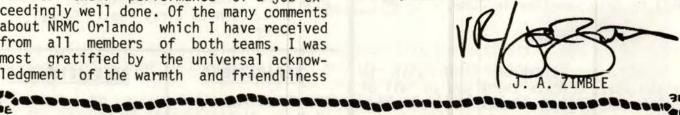
Naval Regional Medical Center, Orlando, Florida

1 March 1979

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The Commanding Officer fully supports the Smoking Cessation Program and asks that all NRMC staff do their part in establishing a non-smoking "climate" in our medical facility.

#### ....from the other side!

NRMC ANNEX

HM1 G. A. Coy ,USN

Hello again! We missed an issue but we are back with some news "from the other side!"

Our Medical Boards Section welcomed aboard HM2 Joe Walker who just completed a four-and-a-half year tour at Subic Bay.

Female Sick Call put out the welcome mat for HM2 Selinda Dally who recently reported from NRMC New Orleans.

\*\*\*\*

Congratulations are in order for ... Mr. James Matthews, known to all as "Jim the Driver." Jim recently completed the requirements for a BS degree in Business Administration. The graduation ceremony will be held sometime in June.

HM3 John and Maureen Tobin wish to extend their sincere thank you to all of the personnel at the Annex who sent cards and flowers upon the arrival of their new baby girl, "Nichoel."

#### WHOOOIZZIT??



DO YOU KNOW THIS STAFF MEMBER?? (Answer on Page 8)

VITAL SIGNS is published in compliance with NAVEXOS-P35 (Rev. JAN74) and printed by the Navy Publications and Printing Service Branch Office, Orlando, from appropriated funds.

> Commanding Officer: CAPTAIN J. A. ZIMBLE, MC, USN HMCM(SS) R. C. CLEMENTS, USN Editor:

Content of this publication does not necessarily reflect the official views of the Department of Defense. All copy submitted for use in VITAL SIGNS must reach the Editor's Office, H-00B-1, Bldg. 3000, by noon of the 16th of the month.

VITAL SIGNS reserves the right to edit or reject copy to comply with its policy. In reprinting material appearing in VITAL SIGNS appropriate credit must be given.

#### WELCOME ABOARDS

1 March 1979

From NNMI Bethesda: ENS R. M. Pfleider. MSC. USN

From NSHS San Diego: HA D. D. Straub, HR S. W. Holliday

From NRMC San Diego: HN J. T. Potts From HCS Great Lakes: HN C. C. Reid, HR D. M. Collins, HA B. A. Herman,

HA R. L. Spell

From NRMC Great Lakes: HM3 R. B. Towle From USS AMERICA: MS2 A. M. Dorazi From FMSS Camp Lejeune: HN R. Lugo,

HA S. Raithel, HA H. R. Rothert, HN C. R. Cote

From NRMC Oakland: HM1 J. E. Craig

#### MARCH DEPARTURES

HM3 L. Zimmerman to AVSCOLCOM Pensacola.

HM2 S. Sturzebecker to X-Ray Repair School, Lowry AFB.

HM1 C. Turner, Jr., to MST School, Portsmouth.

MS1 H. A. Piquet to COMDESRON 26.

HM3 R. C. Dunn to X-ray Repair School. Lowry AFB.

#### SEPARATIONS

REENLISTMENTS

HM3 T. J. Abbott HN M. T. Alford HM3 K. S. Jordan HM3 P. I. Avidon MMCS G. E. Jeter to

HM2 E. E. Manley HMC J. H. Rollen

Fleet Reserve

#### ....... VITAL SIGNS STAFF

Editor: HMCM(SS) R. C. Clements, USN Managing Editor:

Mary V. Van den Heuvel CDR N. J. Stewart, NC, USN

HM1 G. A. Coy, USN HM2 S. P. Foster, USN

HM2 R. G. Greene, USN

HM3 D. A. Shelley, USN HA E. Kehoe, USN

in all departments and we need more doctors. Doubling up, pulling extra duty and working long hours can cause errors. I think the workers and patients would get better care if we had more people. X-ray watch works all day, all night and the next day. They keep on taking personnel away and doing nothing to

replace them.







VITAL SIGNS

#### How can we improve health care delivery?



HN Alford, Inhalation Therapy: The biggest problem here is the inadequate staffing. For a long time we had 3 techs aboard and could not do all that was expected of us. Then we got 2 more techs which enabled us to do therapy around the clock in addition to our other duties. Shortly, 2 of us will be leaving and the department will be shorthanded again.



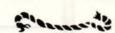
HN Smith, Ward 4: I feel that sitting down with the patients and making them feel welcome in the hospital along with giving good patient care, especially to our geriatric patients or those who require total care, are probably major attributes to the success of this hospital.

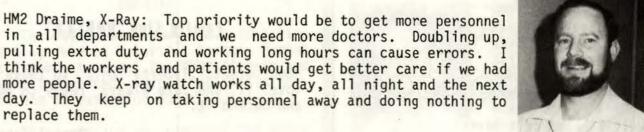






Frances Hodges, LPN, Acute Minor Care Clinic: I would improve the communication between the various clinics and Administration in order to give patients the correct information and directions.





#### IT'S TIME TO GO!!

I am saying "goodbye" to a great group of people and I only want to say thank you for the support you gave to the Women's Program.

The new Federal Women's Program Manager will be appointed in the very near future. The Women's Program is for your benefit and it depends a lot on input from you..... so please give your wholehearted support to your new FWPM!

The next in-house program will be held Tuesday, 13 March at 1330 on Ward 17 in the William G. Lawson Room. Mr. Shelton Granade will be the guest speaker and his topic will be Civilian Training.

Also, don't forget there is another Captain's Call for civilian employees to be held in April. Get your questions and suggestions together.

As my days at NRMC Orlando come to an end, I would like to express a big THANK YOU to Captain Zimble and Commander Turbiville for the many "counselling" sessions they held with me, and the sugguestions they provided.

# CANIMUR O\_\_\_\_\_C CRUMAS \_\_\_\_\_ NUMERST \_\_\_O\_\_ CELLIVAC \_\_\_O\_\_ SHAPANGLE \_\_O\_\_\_O

Clue: It acts as a lever!

(Answers on Page 8)

#### CO Receives Medal

1 March 1979



Captain David S. Boyd, Center Commander, presents Captain J. A. Zimble with the Meritorious Service Medal.

Captain James A. Zimble, MC, USN, Commanding Officer of the Naval Regional Medical Center, was awarded the Meritorious Service Medal for outstanding meritorious service as Director of Clinical Services at the Naval Regional Medical Center, Long Beach, California. Captain Zimble served at Long Beach from August 1976 to July 1978.

The Citation read in part: "Captain Zimble's perseverance, inspired leadership, and professional expertise contributed significantly toward the accomplishment of the goals and objectives of the Center. As a progressive health care executive and dedicated clinician, his performance was characterized by knowledgeable enthusiasm and the highest degree of personal motivation."

#### Family Line "QUOTES"

"God grants liberty only to those who love it, and are always ready to guard and defend it."

Daniel Webster

#### NRMC



SPORTS

By HM2 Robert G. Greene, USN

#### Basketball

As basketball season at NTC came to a close, it was a time for celebrating for NRMC #1. This was the second consecutive year that NRMC won the championship. They clinched the title by defeating their sister team by the score of 81-59. Leading the scoring for NRMC #1 were Maurice Shaw with 27 points and Kevin Johnson with 22 points. High scorer for NRMC #2 was A1 Wright with 17 points.

We all extend our heartiest congratulations to NRMC #1 for bringing the championship back to NRMC again.

#### Golf

The season has just begun and NRMC is represented by three teams this year! Standings after two weeks of play show NRMC #3 in second place, NRMC #1 in ninth place and NRMC #2 in tenth place. With twenty teams competing, we are really doing great.

#### Volleyball

Volleyball season opens on the 5th of March and so far, we haven't had any volunteers for a NRMC team or a team from the Annex. If anyone wants to play, call HM2 Greene at X4383 as soon as possible.

#### Softball

The softball season has a tentative starting date of 9 April. Captain Romano has agreed to coach the NRMC #1 team and anyone interested in playing should contact him at extension 4508.

Those wishing to represent the Annex team should contact Warrant Officer Bishop at extension 4261.

#### New CRA Committee

The Civilian Recreation Association for NRMC has new board members. They are as follows:

Chairperson:

Joseph M. Callender, H-02, X4375 Vice Chairperson:

Shirley M. Graham, H-08, X5239 Secretary:

Joyce L. Sienia, H-39, X5322

Assistant Secretary:

Jean M. Rodarte, H-00B, X4313 Treasurer:

Joyce W. Hawkins, H-32, X4141 Employee Relations Specialist:

Joe C. Sandoval, NTC-062, X5552 Members:

Albert Larrivee, H-34, X5255 Arrie D. Barnes, H-34, X5255 Nita Dixon, NRDC-00, X4267 Larry P. Glenn, H-38, X4266 Mary D. Goad, H-11, X5396 Catherine D. Davidson, X4764 John A. White, H-32, X4269

The number one objective of the CRA Committee is to serve the civilians of NRMC. However, in order to do so, they would like to hear from you.

They would like to know what kind of activities you would like to see promoted at NRMC; what suggestions do you have to improve communications among the civilian staff; and whether or not you would be interested in recreation activities in the evening.

Contact one of the committee members and give them your ideas.

#### 1978 Sailor of the Year



HM2 Anthony Ferguson, Patient Affairs, was selected as NRMC's Sailor of the Year for 1978. Petty Officer Ferguson was selected for outstanding performance, personal conduct, appearance, and devotion to duty.

Chaplain's

onahiai u. 2

By LCDR I. O. CARTEE, CHC, USNR

#### THE HEART BEATS ON

You and I are living in a time of great stress. As strange as it may seem. more people are more miserable than ever before. There is more human suffering from depression alone than one can imagine. A medical authority observed that each year, in this country, it is known that four million patients take medically prescribed anti-depressants to get their mood and spirit under control, and that six million others take tranquilizers to ease their agitated mental states. Each year there are thousands of over-doses purposely taken which lead to successful suicides. There are many more thousands of unsuccessful attempts, and there are many more thousands of incidents which are never reported. All of this in a land of plenty, wealth, culture, opportunity and more abundance in every way than in any other country at any other time in the history of the world. Why? What has come over us? What has gone wrong? Some are suggesting that the reason for our dilemma is that we have lost a sense of hope. It is clear that one thing we all need more of is a sense of optimism and anticipation, but where will we look to acquire this sense of hope. I cannot suggest to you a better place to look than God. Our Churches and Synagogues through the years have called us to faith. They have told us to believe in ourselves, that God believes in us. They have inspired us and invited us to redemption. Through the years, Churches and Synagogues have truly been a lighthouse for troubled humanity. They have offered us a religion of optimism and anticipation. Facing all of life, they have affirmed that in the midst of all our trouble, pain and confusion there can be a good outcome. There has never been proposed to men such a philosophy of life. They have dealt realistically with all of the hardships of the human condition. Triumph overcoming victory -these words tell it like it is. They are the very essence of what faith in God is

all about. In the substance of our own faith the heart-beat of optimism and hope, freshness and newness of life can be heard. We are all invited to turn everything over to God, and in His hands realize a new source of energy, purpose and reason for being.



HMCM J. H. PHILLIPS, USA

#### UPDATE YOUR DUTY PREFERENCE CARD!

How often have you heard the complaint that a naval member didn't receive the orders of choice? If this has happened, you can be assured that most of the time the root of the problem is failure to submit the Duty Preference Card. The latest statistics show that over 50% of the hospital corps, due for orders in the next 6 months, either don't have a duty preference on file or the one on file is over a year old. A big part of retention is assigning an individual in accordance with their desires. If your desires are not known, assignments are made entirely on the needs of the Navy. With 23,000 hospital corps personnel, it is impossible for detailers to call every person and ask where they would like to be stationed. Update your Duty Preference Card. Stop by the personnel office and they will be happy to assist you in submitting a new card.

#### First NRMC Navy Woman To Sea



HM3 Sherri L. Roberts became the first Navy Woman from NRMC to be assigned to sea duty when she departed this command on 16 February to report to the USS L. Y. SPEAR (AS-36). Sherri reenlisted under the Guard III program and

sea duty was her choice for the guaranteed assignment. Norfolk is homeport.

#### NURSING

1 March 1979

#### SERVICE

CDR N. J. Stewart, NC, USN

#### PEOPLE

"Take away my people but leave my factories and soon grass will grow on the factory floors. Take away my factories but leave my people and soon we will have a new and better factory."

Andrew Carnegie

VITAL SIGNS

It isn't easy for a hospital to deliver high quality nursing care. It takes Doctors, Nurses and Corps people who understand why it is necessary and who really care about what happens to their patients, the hospital and the Navy.

These are the kind of people who when asked to do something, you can consider it done; whose response is: "I'll be glad to try," "I'll do my best," or "Sure, I'll be happy to."

These are the folks, wherever they are in the hospital, whether on the ward, lab, x-ray, EKG or clinics, who really make the hospital run....who help do the job that has to be done.

You can always find a few of the gold brickers around - we all have had to deal with them at one time or another. We have heard them say "That's not my job, "
"I'm too busy," "Let someone else do it,"
"You didn't say it was an emergency,"
"That's not the responsibility of my department."

A hospital with sufficient, loyal, caring people can carry a few gold-brickers.... sometimes they do contribute something.... when they are forced to do so and are closely supervised. When the hospital gets busy though, they really can pull down morale and patients suffer because of them.

Someone has to care and those of you who do, are irreplaceable! We owe you every bit of respect, appreciation and praise that we can give.

#### Oakleaf

#### Auxiliary

By Mrs. Barbara Smith

#### Spring is in the air!

We wish to express our appreciation to the Medical Service Corps Wives for hosting an outstanding luncheon aboard the Empress Lily at Lake Buena Vista last month.

Although it might seem difficult to believe, spring is in the air! For our March function, we have scheduled a luncheon at Mack Meiner's Cafe Society in the French Market on North Orange Avenue. Plan to join us at 11 o'clock on 8 March for a delightful entree of French Dip and a Spring fashion show sponsored by Gibbs-Louis.

#### In Appeciation....



Mrs. Kathryn Murray, Winter Garden, a patient on Ward 10, wanted to express her gratitude to the staff on Ward 10 for their marvelous TLC.... so she presented the ward with a beautiful 24" color TV! Pictured above is CDR Nicola Stewart, Patient Care Coordinator for the Nursing Service, accepting the TV from Mrs.Murray.

#### From the grapevine ....

HM1 George Coy, NRMC Annex, and HM3 Dikki Shelley, Military Personnel Service, will be married 24 March......HA Randy Kiger, Ward 11, and Miss Debra Winder of Nevada, Missouri, plan a May wedding....HN Randy Carr, Ward 9, and HN Jan Flack, ENT, plan a double ceremony in July when they will wed the Dunbar sisters of Orlando. Randy will wed Suzanne and Jan will wed Sherri. HA Vince Paglino, Ward 9, will marry Lisa Pena, of Tampa, in August.





#### Q & A TIME

Question: "When you first arrived, most of the staff (civilians and military) had high hopes that you would be highly "visible" to the whole hospital. For some reason, this seems not to be true. Perhaps this is more of a suggestion than a question. I have spoken to many people around the hospital and all agree that you are a most capable Commanding Officer; however, they wonder why they don't see you visit their section at least once a month. An unannounced visit occasionally would make them feel that their job and their section IS important."

Answer: Thank you for the kind preamble to your suggestion. I share your concept of providing tangible evidence of my respect for all members of the staff by frequently visiting their turf. Indeed, an experienced and accomplished senior naval officer, whose valuable council I hold in high regard, has emphasized that very point. I am distressed, however, in that I thought I was following that advice. During the Christmas season, for example, I made myself visible in every nook and cranny of NRMC Orlando. I choose to think my motivation was an exercise in leadership rather than one of frank gluttony, although the facts that delicious Christmas comestibles abounded and that I subsequently suffered an uncontrolled expansion of my waistline unfortunately suggest the later. Your suggestion is most valid. It is obvious my current efforts to maintain high visibility in the various work places of this command are not enough. I shall therefore increase those efforts. Please advise me of my progress in that regard over the next few months.

Keep those cards and letters coming in!

#### NRMC'S NEW FWPM

The Commanding Officer is very pleased to announce the appointment of Ms Carolyn M. Smith as the new NRMC Federal Women's Program Manager. Ms Smith has been a member of the staff since May 1969 and is currently assigned to the Outpatient Service, Code 17F. You may reach her on X-5665. You will have the opportunity to meet her in person at the next In-House Program on 13 March.



#### THOUGHT FOR THE DAY

I shall pass through this world but once. Any good therefore that I can do or any kindness that I can show to any human being.

Let me do it now. Let me not deter or neglect it for I shall not pass this way again.

Author Unknown

MED - WITS ANSWERS: Cranium, Sacrum, Sternum, Clavicle, Phalanges. What acts as a lever? CALCANEUS (heel bone!).

#### WHOODIZZIT?



CAPTAIN J. A. ZIMBLE,

MC, USN

COMMANDING OFFICER



Letters of appreciation presented to staff of Operating Room by RADM M. Museles, IG Medical on 26 Feb 1979.



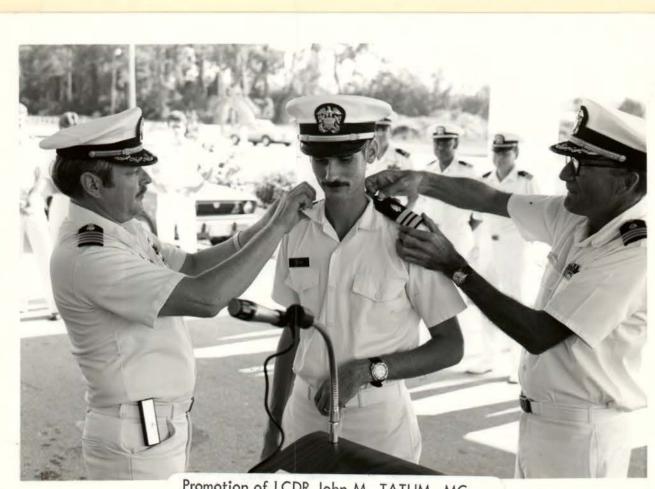
TO ENSIGN, MSC



CAPTAIN ZIMBLE flanked by two new HM1's - OSCAR SALINAS and TERRY GROFF!







Promotion of LCDR John M. TATUM, MC, USNR, on 1 Feb 1979

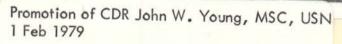


Promotion of LCDR A. D. SALEKER, MSC, USN, on 1 Feb 1979







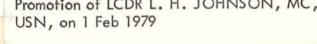














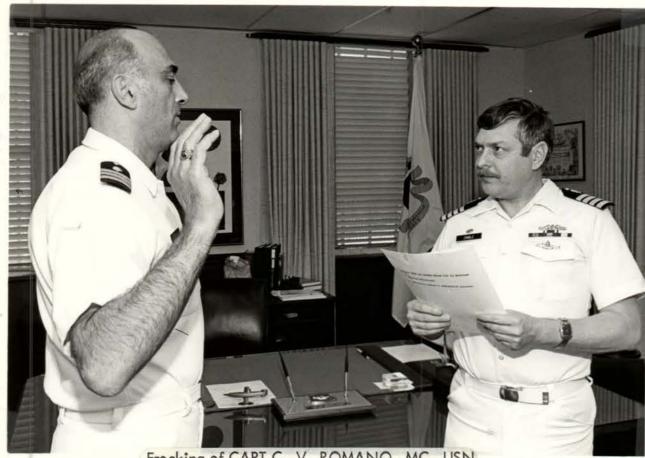
Promotion of LCDR R. C. WALKER, MC, USNR, on 1 Feb 1979



Meritorious Service Medal presented to CAPT Zimble on 1 Feb 1979 by CAPT D. S. Boyd, USN, Commander Naval Training Center



CAPT C. Victor ROMANO, MC, USN, frocked on 31 Jan 1979. Pictured with Mrs. Romano and his daughter.



Frocking of CAPT C. V. ROMANO, MC, USN on 31 Jan 1979



Reenlistment of HM2 Edward E. Manley, USN (Radiology Service) on 16 March 1979



Mr. William GIBA (Food Management Service) presented a 30 year pin on 16 March 1979.



Mr. Marvin H. ATCHLEY (Food Management Service) presented a 30 year pin on 16 Mar 79.



Mr. Brad Caswell (Code 38) presented a 30 year pin on 16 March 1979

Reenlistment of HM3 Sherry L. Roberts, USN on 8 Feb 1979. LT R. L. Smith, MSC, USN,

officiated.



Mr. Charlie Moore (Code 38) presented a 30 year pin on 16 March 1979



Atlantic Fleet Sailor of the Year and UTC Bowles, Shore Sailor of the Year 13 Mar 79



Promotion of CWO2 R. R. Woodruff, USN, on 15 Mar 79. CAPT Case and Mrs. Woodruff affix new shoulder bars.

- THE NAV-A-GATOR - Thursday, March 22, 1979

Reenlistment of HMC James H. ROLLEN, USN, (Oaboratory) on 27 March 1979



Reenlistment of HM2 Susan G. FOX, USN, on 27 Mar 1979. LT R. L. Smith, MSC, USN, officiated.

- THE NAV-A-GATOR - Thursday, March 29, 1979

## NRMC Wins Area IV Basketball Tournament

NRMC defeated NAVSECGRU, Homestead, Fla. in two out of three games in the First Annual South Atlantic Area IV Basketball Tournament held in the NTC gym last weekend.

In the opening game, a strong defensive NRMC

team rolled over the NAVSECGRU 70-42. Mike Vinisko came off the bench to lead NRMC with

19 points. James Williams and Kevin Johnson contributed 14 and 13 points respectively for NRMC, while Charlie Hall led NAVSECGRU with

In the second contest, NAVSECGRU out rebounded and out shot NRMC for a 62-57 win to even the tournament with one win apiece. NRMC turned the ball over to their opponents 23 times in the first half on floor errors. Leroy Rutland was the bug gun for NAVSECGRU, hitting on corner shots for 20 points. Kevin Johnson, Maurice Shaw, Ray Clark, and Mike Vinisko all hit in double figures for NRMC. NRMC was down by 11 points at the half and pulled to within one point with a few minutes to go, but their momentum stalled and NAVSECGRU held on for the win.

The third and final game was a running and

shooting contest with NRMC bursting out in front for a 77-60 win over NAVSECGRU for the Area IV Championship. NRMC had their fast break in gear in the second half to charge out in front by 20 points late in the third quarter. Leading scorers for NRMC were Stanley Parker-18 Points, Fred Gardiner-16 points, Kevin Johnson-15 poins and Mike Vinisko with 14 points. Leroy Rutland ripped the nets for 18

points for NAVSECGRU. NRMC traveled to NAVSTA Charleston, S.C. to represent Area IV in the South Atlantic Regional Basketball Tournament March 17-18 beating USS Simon Lake for tourney honors. Details on the tournament will appear in next week's Nav-a-gator.



This kind of shooting helped NRMC become



"Leaps tall buildings in a single bound."



## NRMC: How They Did It In Charleston

by LT Lonnie Crafton

Naval Regional Medical Center basketball team from NTC Orlando journeyed to Charleston and came away with all the marbles.

The team opened up on St. Patrick's Day with a victory over another Florida team, NAS Cecil Field, from Jacksonville, by a score of 88-75. The win was a definite team victory with good play by both the starters and the bench.

The board work by the NRMC "big" men was outstanding over a larger Cecil Field team. Perez Parker coming off the bench led the scoring with 25 and Fred Gardiner bombing from outside picked up 20 points.

In the evening game the tourney favored the local team, USS Simon Lake, Charleston Naval Station. The Orlando crew played a brilliant first half winning the battle of the boards as well as shooting a fantastic field goal and free throw

The NRMC-NTC five had a lapse during the

second half but easily pulled out of it for a 69-51

The scoring reflected a balanced team effort with Kevin Johnson scoring 19, Fred Gardiner 16, Maurice Shaw 14, Perez Parker 12 and Mike Vinisko 9. Ray Clark, James Williams and Steve Wakefield also did a great job coming off the bench to ensure the victory over the much taller Simon Lake squad.

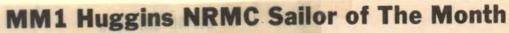
NRMC-NTC Orlando then being the team to beat had to once again play the Simon Lake bunch who fought their way back through the losers bracket in the tournament. The NRMC-NTC squad got off to a slow start and Simon Lake hit an excellent percentage of their shots. They were definitely ready to play. The NRMC-NTC five was cold and outhustled the first half which allowed Simon Lake to take a four point lead into the locker room at half time.

NRMC was kept in the ball game the first half by Perez Parker's brilliant shooting which allowed the NRMC-NTC team to stay close. After an

appropriate discussion by coach Lonnie Crafton at the half the team was ready to get back in it. The second half was hard fought on both sides but NRMC got back into it by hustling fast breaks, good work on the boards and key outside shooting by F. Gardiner and Kevin Johnson. Maurice Shaw, James Williams and Mike Vinisko did their usual excellent work on the boards against the much bigger Simon Lake team. Perez Parker tallied 27, Fred Gardiner 16 and Kevin Johnson with 12 led the scoring for NRMC-NTC Orlando team in a close 71-70 victory for the South Atlantic Regional Championship.

did it all.

Overall the championship could be summed up in two words: team work. Every man on the team worked hard and pulled together for a real team win, Perry Grisdale and Ted Williams didn't get much playing time but their outstanding good spirits and support was indicative of the team's positive attitude that resulted in the championship victory.



- THE NAV-A-GATOR - Thursday, March 29, 1979



Machinist's Mate First Class Joseph M. Huggins has been named Sailor of the Month for Naval

Regional Medical Center. MM1 Huggins is assigned as Master At Arms with Security Service at NRMC. His duties include counseling personnel, and preparing instructions and lesson plans.

MM1 Huggins has been in the Navy six years and has been at his present command six months During his Naval career he attended Machinst's Mate Class "A" School and Air Conditioning and Refrigeration Class "C" School.

MM1 Huggins has spent five years at sea. Four years and two months were spent aboard Conyngham (DDG-17) where he received a good conduct commendation from his commanding officer. He also served 10 months aboard Detroit

Prior to joining the Navy, MM1 Huggins spent three years studying voice. He sang in the University of South Carolina Choir. He was also involved in drama and attended art classes.

Huggins is currently writing a book that deals with social conflict in a surrealistic form. In the future, Huggins plans to attend Columbia University to study voice. He and his wife Jane actively support various art, music and charity organizations.



The NRMC basketball team: Standing from left to right, James Williams, Kevin Johnson, Perez Parker, Mike Vinisko, Maurice Shaw and Perry Grisdale. Kneeling from left to right, Lonnie Crafton, Ray Clark, Steve Wakefield, Ted Williams and Fred Gardiner.





Letter of commendation presented on 27 Mar 1979 to HM2 THORGENSON by Captain Zimble.

- THE NAV-A-GATOR - Thursday, May 3, 1979



Secretaries were honored by their bosses last week at the Federal Women's Program luncheon at the Club Mariner in conjunction with National Secretaries Week. Captain Boyd, Commander, NTC; Captain Zimble, CO, NRMC; and Captain Westbrock, CO, NTEC, representing the tri-commands sponsoring the program, expressed their appreciation for the work the secretaries within their commands are doing. Guest speaker Ann Matthiesen, Orlando Secretary of the Year for 1978, discussed the benefits offered by membership in the National Secretaries Association and the requirements for taking the Certified Professional Secretary Exam. Information regarding membership or examination for CPS rating may be obtained by calling Carolyn Finch, FWP coordinator, ext. 4315. Questions about the Federal Women's Program may be directed to Sandy Brisben, ext. 5166 or Carolyn Smith, ext. 5665. Pictured above are Sandy Brisben, FWPC, NTEC; Capt. Westbrock, CO, NTEC; Capt. Boyd, Commander, NTC; Capt, Zimble, CO, NRMC; Carolyn Smith, FWPC, NRMC; and Carolyn Finch, FWPC, NTC.



HM2 Michael Dolly, USN reenlistment on 23 Apr 79. HM2 Selinda Dolly, his wife, looks on: also LT Black, reenlistment officer, &CaptZ



Reenlistment of HM2 George E. TERRELL, USN, on 30 Mar 1979. Pictured with CAPT Zimble and Mrs. Terrell.

## NRMC's Smoking Program: How It Works

by LT Dave Snyder, USNR

Are you tired of coughing and hacking and burning tiny holes in your double knit uniforms? Does your spouse complain that your good night kiss is more like a close encounter with a dirty ash try?

Do you really, repeat REALLY, want to quit smoking?

If the answer to all those questions is "Yes," there are some people at the Navy Regional Medical Center here in Orlando who can help you achieve your goals.

These are HMCM William Calicott, the medical center's "Command Smoking Cessation Coordinator," and his assistant MM1 Joseph Huggins.

Don't be misled by the fancy titles, however. This is not an anti-smoking crusade.

"We figure that people have already heard plenty about the dangers and unpleasantries of smoking," says Calicott.

"We're not going to push non-smoking down people's throats," adds Huggins, "If people want



Calicott and Huggins look over future plans for the smoking program.

What these men have to offer "is only for people who really, sincerely, want to quit

smoking," they say.

They offer "positive reinforcement" to quit

smoking.

A special five-day quit smoking program is tenatively scheduled to begin in May. But before we get into that, perhaps it would be helpful to know some background on why the Regional Medical Center is involved in trying to help

members of the Orlando Navy community, -- active

duty, dependents, retirees and civil servants--stop

Calicot, who is the medical center Security Officer/Master-at-arms, was designated "Smoking Cessation Coordinator" as part of a program launched by the Navy's Bureau of Medicine (BUMED) and Navy Surgeon General VADM W.

P. Arentzen.
"Admiral Arentzen is death on smoking," says
Calicott, "because of the dangers it presents to the
health of Navy men and women and their
families.

BUMED kicked-off the smoking cessation program in December 1978 in an effort to reduce smoking in medical facilities.

But the program here in Orlando has gone a step further with the "100 percent backing" of medical center Commanding Officer Capt. J.A. Zimble.

With the help of the American Cancer Society, the American Lung Association and, most of all, the Seventh Day Adventist Church, Calicott has launched a major stop smoking effort.

Both Calicott and Huggins are ex-smokers. Calicott quit a one-and-a-half pack a day habit 14 years ago. Huggins is a more recent convert, giving up a two to three pack a day habit in February.

In March, the program got into full swing with the first five-day, stop smoking seminar conducted at the regional medical center by Pastor Richard Faber of the Seventh Day Adventist Church.

About 50 people participated in the seminar. Of those, 25 or more have quit smoking, says Calicott.

One of those ex-smokers is Commander Les Turbiville, director of administrative services for the medical center.

Ending a two to three pack a day habit, "he (CDR Turbiville) succeeded and set the example for the rest of the people who work at the hospital," said Calicott.

Calicott says the stop smoking program is

Thursday, April 5, 1979 - THE NAV-A-GATOR

"really very simple."

Exercise-two to three minutes a day, mostly deep breathing and not a stenuous program is encouraged. Diet is also combined in the program to counter the effects of quitting the cigarette habit and improve health in general. Behavior modification—breaking the habits people link with smoking, such as lighting up with the morning cup of coffee, is another must.

But the overriding factor, says Calicott, is that

"You have to have the desire to quit."

"No one is expected to go 'cold turkey' on the program. However, most quit entirely by the third day and the rest drop the habit by the end of the program."

In addition to the planned seminar, Calicott has other stop smoking activities in the works. Navy cooperation is being developed to complement "Let's Stop Smoking Month" planned by the Orlando civilian community. Calicott also is planning to attend a Navy smoking cessation seminar in Portsmouth, Va. in April.

For more information on the stop smoking program call ext. 4307.



CAPT Zimble presented a Sustained Superior Performance award to Mildred Mansfield on 19 Apr 79.



## ROTARY District 695 CLINIC

GROS MANGLES ILE DE LA GONAVE, HAITI

April 26, 1979

Captain J. A. Zimble Commanding Officer U.S. Naval Regional Med Center Orlando, Florida 32813

Dear Captain Zimble:

First, I would like to thank you for the contribution by the Navy of out-dated drugs that were furnished to District 695 Medical Clinic on the island of La Gonave in Haiti. This is not the first help the Navy has given us in this venture. When we needed to move the Clinic building from Orlando to La Gonave, Admiral Kidd, Commander In Chief, Atlantic Forces, put at our disposal the USS Robert H. McCard, to transport it from Mayport directly to La Gonave. The beneifts to all concerned, the Rotarians getting the Clinic shipped, the crew of the destroyer and the people on La Gonave, were tremendous.

All drugs that are donated to the Clinic are thoroughly checked by Rotarian doctors and pharmacists, to make sure what is fit to go the the Clinic. In your case, it seems that Lt. Commander John Moore had done such a good job that our fellows didn't have much to do.

I have enclosed three photographs. One shows the Clinic itself, one shows the loading of the building onto the destroyer, and the other is a typical house in the village where the Clinic is located.

The continused success of this Clinic (we have processed some 35,000 people to date) can only be accomplished by the continuing efforts of individuals like yourself and the U.S. Navy.

If I can ever be of service to you, please do not hesitate to contact me.

Yours very truly,

Colin D. Burgess

CDB: mw Enclosures





Frocking HMCS Thomas D. Crisp, USN, on 26 Apr 79. HMCM J. Phillips and LT R. W. Black affix new insignia.



Frocking MMCM Harold T. Hill, USN on 26 Apr 79. His wife assists with affixing his new insignia.



Augmentation on 19 Apr 79 of LT P. E. Perrine, NC. Pictured with CAPT Redgate and CAPT Zimble



Augmentation of LCDR Ira D. Cartee, CHC, USN on 19 Apr 79. CAPT Zimble offers his congratulations.

their small daughter.



and CAPT Zimble. HM2 Richard L. Wimmer, USN, reenlistment on 9 May 79. LCDR Beene was reenlistment



Augmentation on 19 Apr 79 of LT Quinones H. Quiles, NC. Pictured with CAPT Redgate



Ward 10 on 16 May 79. L to r: Mrs. Jewell, Mrs. Norris, Mrs. Middlekauff, CAPT Zimble, and CAPT Redgate.

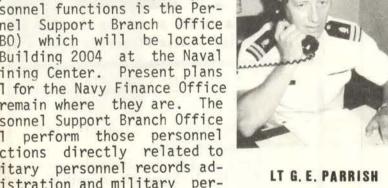


## ....AND IT CAME TO PASS"

In the very near future, the military personnel functions of the Naval Regional Medical Center, Orlando, will be implemented under PASS. We can already hear the question reverberating along the ramp "WHAT IN THE WORLD IS PASS?" PASS is the Pay/Personnel Administrative Support System (PASS). The PASS concept involves a consolidation, co-location, and automation of pay, personnel, and passenger transportation functions of ALL commands in this area under ONE roof! The

activity which will eventually house ALL of the service records (except recruit records) and be responsible for the majority of personnel functions is the Personnel Support Branch Office (PSBO) which will be located in Building 2004 at the Naval Training Center. Present plans call for the Navy Finance Office to remain where they are. The Personnel Support Branch Office will perform those personnel functions directly related to military personnel records administration and military per-

sonnel accounting incident to the receipt and transfer of military personnel, separation from active duty, as well as reenlistments.



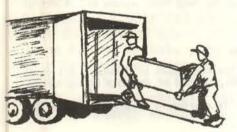
staff are moved, we will also transfer one MSC officer, LT Gerald E. PARRISH, MSC, USN, who will become the NTC Personnel Support Branch Officer. NRMC will also furnish two civilian billets and three military billets. HM2 Anthony FERGUSON, USN, will be the NRMC PASS Coordinator and will be physically located at the Regional Medical Center.

When the service records of NRMC

The PASS negotiations have been in progress since last December and every effort is being exerted to insure this changeover of service records, personnel and personnel functions will be accomplished smoothly and with as little inconvenience to the staff members as is possible.

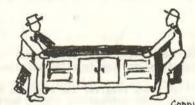
> The PASS concept will be incorporated Navy-wide and has been tested by three pilot areas: San Diego, Washington, and Norfolk. With any new program, there are bound to be

growing pains so we ask for your full support as we enter this period of change. The end result will be fast, efficient service, and who knows, maybe the computers will even give you a SMILE!











Naval Regional Medical Center, Orlando, Florida

1 April 1979

#### NRMC CAPTURES BASKETBALL REGIONALS

Congratulations to our NRMC Basketball Team #1 for capturing the South Atlantic Regional Tournament at Naval Station, Charleston, SC! The tournament was held 17 and 18 March. NRMC #1, augmented with selected all-stars from other NTC Orlando intramural teams, was the smallest team in the tournament and decidedly the underdog. However, cohesive teamwork, excellent ball handling and strong rebounding were too much for their opponents.

In the opening game, NRMC convincingly beat a strong team from NAS Cecil Field, 88-75. Stanley Parker scored 25 points and Fred Gardiner scored 20 points. All in all though, it was the team effort which contributed to the win.

In the second game, NRMC reversed the initial opinion of the odds makers and soundly dumped a very tall team from the USS SIMON LAKE by 69-51. Kevin Johnson, team captain, was the high scorer with 18 points. Maurice Shaw and Stanley Parker contributed with 14 and 12 points respectively. In the championship game, NRMC again faced the USS SIMON LAKE defeating them in a squeaker, 71-70. SIMON LAKE started fast and led by 4 points at the half. The consistent shooting by Stanley Parker, the game's high scorer with 27 points, was the only thing that kept NRMC in the game. The superior height advantage enjoyed by SIMON LAKE was almost too much for the smaller NRMC team. After a team conference and pep talk at half time,

the team regrouped and led by as many as 11 points during the second half. With some scoring support from Fred Gardiner's 16 points and Kevin Johnson's 12, NRMC managed to hold on and win by one point. According to the team coach, LT Lonnie Crafton, NRMC overcame the stronger teams in the tournament by solid teamwork and togetherness.

NRMC #1 breezed through the regular NTC Intramural League season, with a 12 and 1 record, winning their second championship in as many years. The team's overall record for the past two years, including playoffs and tournaments, is 33 wins and 2 losses. Not too shabby.....!

NRMC won the first annual South Atlantic Area IV Tournament held here at Orlando by beating the Naval Security Group Detachment from Homestead AFB, two games to one. In the first game, NRMC played exceptional defense and romped to a 70-42 win. Mike Vinisko, chosen from the NPS team, was high scorer with 19 points. In the second game, an over confident NRMC team let their defense falter and lost 62-57.

In the third game, NRMC got back on track, and gained an early lead which they never relinguished. Final score 77-60. Ball handling and the fast break proved to be the prime ingredients needed for winning the championship game.

See Page 5 for photos of the champions!

THE ENTIRE STAFF AT NRMC AND THE NAVAL TRAINING CENTER, ORLANDO, ARE EXTREMELY PROUD OF THIS FINE ACCOMPLISHMENT. ATTABOY TO ALL TEAM MEMBERS!



ENS Robbins receives letter of commendation upon his transfer from NRMC Orlando.



Staff Sergeant Neuner receives the Air Force Commendation Medal. CAPT Zimble makes the presentation and offers his congratulations.



M\$1 Piquet receives a letter of commendation upon his transfer from NRMC Orlando.



VOL I No. 5

Naval Regional Medical Center, Orlando, Florida

1 April 1979

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#### HAPPENINGS

#### We're Sorry You're Leaving!

CAPT H. W. WILHELM, MC, to retired list LCDR I. O. CARTEE, CHC, to 3rd MARDIV Okinawa

LT H. T. BOLSTER, MSC, to NRMC, Charleston, SC

HM2 George E. TERRELL to NavHosp, Rota, Spain

HM2 Arnold G. THORGERSON to NARMC. Pensacola, FL HM3 James E. GRAVES to First Marine

Brigade, Kaneohe, HI HM2 James H. WALLER to NOSA,

Yorktown, VA HM2 Norman J. GRUBB to civilian

life HM2 Noretta HARDING to civilian life

HM3 Rebecca L. JOHNS to NRMC, Naples, Italy

HN Debra A. MANGOLD to civilian

HM3 Linda S. POLIKOWSKY to NRMC, GLAKES, IL

HN Judith M. DONAHUE to civilian life

HM1 Oscar M. SALINAS to PMT School, NRMC Oakland, CA

WHOOOIZZIT??

DO YOU KNOW THIS STAFF MEMBER??

(Answer on Page 8)

......

## We're Glad You're Here!

LT W. E. NEIRYNCK, NC, from NavHosp Beaufort, SC HR Mark W. LAWRENCE from NSHS, SDIEGO HM2 Robert N. JOPPY from NRMC. Oakland (Med Tech School) HA Gary D. PETRON from HCS GLAKES HN Gitthaline A. MULLIGAN and HR Gail M. PROVOST from HCS GLAKES HM3 Anthony MATTHEWS from 2nd MAW. Cherry Point, NC

#### Congratulations To Our Reenlistees

HM2 Susan G. FOX HM3 James E. GRAVES HM2 George E. TERRELL HM1 Randell R. BRATSVEN

#### It's A Boy!

HM2 Norman GRUBB and his wife Mary are very proud of Scott Patrick GRUBB who arrived on 4 March 1979 at a hefty 8 lbs 4 ounces! Congratulations to the GRUBBS!

#### 666666666999999

#### VITAL SIGNS STAFF

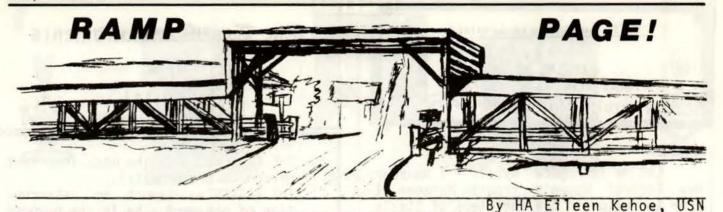
Editor: HMCM(SS) R. C. Clements, USN Managing Editor: Mary V. Van den Heuvel CDR N. J. Stewart, NC, USN HM1 G. A. Coy, USN HM2 S. P. Foster, USN HM2 R. G. Greene, USN HM3 D. A. Shelley, USN HA E. Kehoe, USN

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Commanding Officer: CAPTAIN J. A. ZIMBLE, MC, USN Editor: HMCM(SS) R. C. CLEMENTS, USN

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1 April 1979

HN Black. Ward 11: It's not working out right as people are only allowed 45 minutes for chow and by the time you get your tray and food and sit down to eat, you've al-ready wasted 25 minutes. Therefore, I think they should put those civilians back to work. Give us back that service we used to have.



HN Patterson, FamPracSvc: It slows everything down! I hope they start serving us again.



HM3 Hegdahl, Lab: I think long. most of my lunch break waiting in line to get something to eat and I who only have a half hour for lunch.



HM3 Lloyd: Int. Medicine Clinic: It's basically a good idea but it's very slow. We have long lines running outside on the ramp. There were lines before but people moved through rather swiftly but now it's just lines moving very slowly. With only 45 minutes for lunch it's rough getting in.

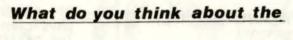


T. Van Ells, Dining Hall: I think it's great, I really do. It relieves the cooks from serving on the line, so they can go in the back and start advance preparations on the next meal.



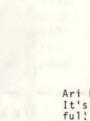


it stinks because of the fact that it takes too I end up spending can imagine how bad it is for the ward personnel



new self service in the





Ari Barnes, Dining Hall: It's great! It's wonderful! It's more work for us but this way people can get just what they like. They don't have to ask anybody and they can move on. It's a little slow right now but once they get used to the system, it will be fantastic for them. People can pick whatever they like and have as much as they want which is much better.



Wm. Rice, Dining Hall: think it's the best thing since canned beer.





HA Rothert, Ward 11: For breakfast and dinner it's very good as fewer people eat there during those hours. However, at lunch time it is very inefficient as it doesn't give the people on duty during the day enough time to eat. The line is a mile long!



By Carolyn Smith, NRMC's FWPM

#### HI!

Let me introduce myself - I am your new Federal Women's Program Manager. I hope to follow in the footsteps of Stella and Gail by presenting worthwhile programs. I can only do this with your help, so any ideas and suggestions will be greatly appreciated.

#### APRIL PROGRAMS

We will have two programs this month. On April 10th, Dr. Hegert from Orange County Medical Examiner's Office will give a program on "Child Abuse" and on April 17th, we will have another....

#### "CAPTAIN'S CALL"!

Since the Captain must have time to research his answers, please submit your questions to me as soon as possible.

DON'T MISS THESE TWO PROGRAMS!!!! THEY ARE PLANNED ESPECIALLY FOR YOU!

#### NRMC'S Sailor of the Quarter



MM1 Joseph M. Huggins, USN, Security Service, has been selected as the Sailor of the Quarter for the period January -March 1979.

Petty Officer Huggins was selected for his outstanding performance, devotion to duty, loyalty to the command and the Navy, and for furthering the ideals and traditions of the naval service.

#### The Ten Commandments of a Hospital

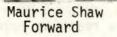
1 April 1979

- 1. THE PATIENT... is the most important person in the hospital.
- 2. THE PATIENT... is not an interruption of our work - he is the purpose of it.
- 3. THE PATIENT... needs us, but do not consider that we are doing him a favor by helping him to become well again.
- THE PATIENT... is a part of our hospital -- not an outsider.
- 5. THE PATIENT... is not a cold statistic -- he is a flesh and blood human being with feelings and emotions like our own.
- 6. THE PATIENT... is not someone with whom to argue or match wits.
- 7. THE PATIENT... is deserving of the most courteous and attentive treatment we can give him.
- 8. THE PATIENT... is the person who makes it possible to pay your salary whether you are a good service worker, an office employee, a nurse, a physician or whatever.
- THE PATIENT... is the lifeblood of this and every other hospital.
- The TENTH COMMANDMENT must come from YOU! Find some constructive commandment of your own which will help the patient. Follow that commandment and although you may never get credit for doing so, you may find your reward in knowing that perhaps you helped someone who was ill get through a day of pain and despair just a little easier than they would .... Anonymous have otherwise!

#### Oakleaf Auxiliary

The Oakleaf Auxiliary monthly luncheon will be held on April 5th at the Designer House. Everyone will meet at 10:30 a.m. for a tour of the twenty-seven beautifully decorated rooms. After the tour, we will enjoy luncheon in the Tea Room.







Mike Vinisko Center



Raymond Clark Guard



#### NRMC'S SOUTH ATLANTIC REGIONAL CHAMPIONS



Ted Williams Forward



Perry Grisdale Forward



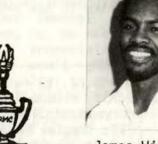
Transferred and not pictured -Fred Gardiner - Guard



Steve Wakefield Guard/Forward

Kevin Johnson

Guard



James Williams Forward/Center



LT Lonnie Crafton, MSC Coach



Stanley Parker Forward





Page 6

Chaplain's

By LCDR I. O. CARTEE, CHC, USNR

Some of the most beautiful roses are

#### THE GIFT OF A THORN

found among the sharpest thorns. That is not only a fact, it is a truth of life. Roses are enjoyed by so many of us. Without any doubt, no other flower is as well known and loved the world over. What a compensation it is to see them in bloom. It always seems that they don't last long enough. Each bloom is different in shape and size, and the memory of each rose's glory lingers and warms one's mind. It's form, elegance, grace, charm and unadorned beauty is a thing to behold, a sight to be seen; it's fragrance, a lingering delight. Often I have thought of the Apostle Paul when I have walked and worked among the roses. What a strange gift God gave to Paul, a sharp, irritating and annoying thorn. In his letter to the Corinthians ( 2 Corinthians 12:7-10) Paul wrote that "lest I should be exhalted above measure, there was given to me a thorn in the flesh." The thorn in Paul's life accomplished a Divine purpose. One is left with a feeling that there was no question in Paul's mind about that. It hindered him, but it also humbled him and helped him. A divine insight came to Paul. God said to Him: "My grace is sufficient for thee: for my strength is made perfect in your weakness." Whatever Paul's "thorn in the flesh" was, it contributed in a significant way to his sanctification, for he wrote: "Most gladly, therefore, will I rather glory in my infirmities that the power of Christ may rest upon me. For when I am weak then I am strong." Painful experiences have often proved to be a blessing when rightly viewed. When we accept them as gifts from God's gracious hand, we will know that such "thorns" are connected with the "Roses of Grace" whose eternal fragrance makes our lives more meaningful and precious. If you are experiencing what to you is a "thorn in the flesh" remember, some of the most beautiful roses are found among the sharpest thorns.

1 April 1979



PHILLIPS LISH HMCM J. H.

#### CHART YOUR OWN COURSE

Are you reaching your PRD? Your projected rotation date is important in that you should be taking some personal action. Assuming that you are now four months away from your PRD at NRMC Orlando, your personal Enlisted Assignment Document (EAD) is on your detailer's desk. This occurs in the first week of each month. If your PRD is August (the 8th month), the HM detailer will receive your EAD the first week of April (the 4th month). Discuss it with our career counselor and then call your detailer -- tell him where you'd like to go! The detailer gets a listing called a requisition every other Monday which indicates where the valid billets are. Therefore, call on Tuesday, Wednesday or Thursday. If you do not call, your detailer will look at your latest duty preferences on file. Remember, the needs of the service must be taken into account, but your desires can often fill these needs.

#### 0000000000000000

#### CRA Announces Spring Picnic

The spring picnic for civilian employees will be held on 20 April at the Hospital Picnic Area (across the street from OB/GYN) from 11:00 a.m. to 1:00 p.m. It's all free ..... so spring right over and enjoy .... we would like to see everyone attend.

#### April Birthdays

CRA BIRTHDAY GREETINGS TO: Wilson Maddox on 3 April: Coke Berryman on 4 April; Harry Belch on 11 April; Regina McKelvy on 13 April: Carol Glassmire on 14 April; Dionisio Aspiras on 19 April; Frances Hodges on 23 April; Linda Proffitt on 24 April: Vernon Ritchie on 25 April; and Blondeen Hammons on 27 April.

#### NURSING

1 April 1979

#### SERVICE

CDR N. J. Stewart, NC, USN

#### ATTITUDE

Everything we do, how we feel, our moods, causes some effect on others and can affect our success or failure. Good attitudes breed good results, bad attitudes, bad results.

We have the God given ability to change our attitudes and once new habits are learned, our entire lives change. It's like walking out of a dark tunnel into the bright sunshine.

We must be happy with ourselves in order to have positive feelings toward others. We've all encountered unhappy, frustrated, miserable people. They don't like themselves, you can be sure. They are human magnets for unpleasant experiences created by their poor attitude, a self-generated doom fulfilled cycle. But the same principle holds true for good attitudes. If you expect the best, that is what you get.

We also know people whom we feel have been successful because of luck, or they possess talent that we lack, or are more brilliant. Rarely do they have any more than you or me. What they do possess is the right attitude. They don't sit around and wait for others to change around them. They recognize the problem and adjust their attitude accordingly.

The easiest and most effective means of forming a good attitude is to start acting as though you already have it. One of our deepest cravings is for selfesteem, to be needed, to feel important, to be appreciated. There is not one of us who won't give our respect, support, and loyalty to the person who fills that need. Actions trigger feelings just as feelings trigger actions. Success is the result of a good attitude. Attitudes are not the result of success.

Start coming to work with the attitude you'd have if you were the most successful person in this hospital and see

how quickly it becomes a habit and how it affects others. When any other person acts in a manner that shows their ignorance and lack of courtesy, don't let their misery affect your good attitude. Our personal appearance, personal behavior, pride in what we do and physical well being are all reflections of our attitude.

#### 82 YEARS YOUNG AND STILL VOLUNTEERING!



CAPT W. J. Sche.stad thanks Carrie Katsos for her 21 years of devoted service.

Carrie Katsos, 82, has been a Red Cross Volunteer in the OB/GYN Clinic for the past 21 years. She has been a "standby" for Dr. Schefstad since the day he arrived at NRMC as Chief of OB/GYN in July 1968. She works as a chaperone on a regular basis of 3 days a week. When not working as a "standby", she volunteers her time in making up admission charts, making cotton swabs for the Clinic and OB Ward and any other jobs she might be asked to do. If the Clinic needs her as a "standby" on one of her "off days", Carrie can be counted on to fill in. She not only has endeared herself to the OB/ GYN Staff and other volunteers but to the patients as well. Carrie has become a very important part of the OB/GYN Clinic and her devotion to the needs of this Clinic is outstanding.







CAPT J. A. ZIMBLE, MC, USN

The four weeks since the last issue of Vital Signs have gone by all too quickly. During that time, I have received no questions, comments, suggestions, or letter bombs, either signed or anonymous. Perhaps the old addage that it is "lonely at the top" is true. Is morale so low that no sailors are griping? Nothing worries me more than your abject apathy. As I requested in VOL. I, No. 1 of Vital Signs, please send in your comments or questions by note or phone to HMCM Clements, X4313 or directly to me.

Since I have no such deluge of questions from which to choose, I suppose I must submit my own question:

Question: Why doesn't everyone shipover?

Answer: Now that's a tough question! There are, of course, many, justifiable reasons. The Navy is just not meant to be a career for everyone. Many Teave to pursue successful civilian careers which offer opportunities not available in the Navy. Others leave because they find they are not suited to the military climate. However, some Navy people leave because of perceived personal or professional conflicts, which I might help correct if given half the chance. Retention of well trained productive members of the Navy Medical Department, either here at NRMC Orlando, or at any other duty station is extremely important to me. Certainly retention of the well-trained and dedicated is worth more than recruiting the uninitiated and unknown. Each member of this staff is unique and valuable to this organization. I am anxious to help in the enhancement of your job satisfac-tion, career potential and personal comfort.

Consistent with the missions of this hospital, count on me as your advocate. I enjoy participating in reenlistment ceremonies. You can certainly improve my morale by participating also!



#### FAMILY LINE QUIZ

- 1. In about 40% of all sterile marriages the cause lies with the .
- 3. A human being would have to walk approximately \_\_\_ miles to burn up the calories in a chocolate sundae.
- 4. A human being has \_\_\_\_ muscles.
- 5. Among \_\_\_\_\_, poisoning is the most common method of suicide.
- 6. A normal, healthy person moves in his sleep about once every \_\_\_\_\_ or minutes.
- 7. is the fourth-ranking cause of insanity in the U.S.
- 8. The first Cesarean operation in the U.S. in which both mother and child survived was performed by Dr. John Lambert Richmond at Newton, Ohio, on April 22.
- on April 22,

  9. The letters RX on a doctor's prescription means "\_\_\_\_".
- A pig always sleeps on its \_\_\_\_\_\_
   side.

#### ANSWERS

tight	10.	мошеи	• 9
"take thou"		689	. 4
1827		g	3.
Alcoholism	1.7	25	2.
8 70 7	. 9	Husband	.1

#### WHOODIZZIT?



Joyce L. Sienia
Patient Affairs
Service



VOL I No. 6

Naval Regional Medical Center, Orlando, Florida

1 May 1979

## AND IT CAME TO PASS"

In the very near future, the military personnel functions of the Naval Regional Medical Center, Orlando, will be implemented under PASS. We can already hear the question reverberating along the ramp "WHAT IN THE WORLD IS PASS?" PASS is the Pay/Personnel Administrative Support System (PASS). The PASS concept involves a consolidation, co-location, and automation of pay, personnel, and passenger transportation functions of ALL commands in this area under ONE roof! The

activity which will eventually house ALL of the service records (except recruit records) and be responsible for the majority of personnel functions is the Personnel Support Branch Office (PSBO) which will be located in Building 2004 at the Naval Training Center. Present plans call for the Navy Finance Office to remain where they are. The Personnel Support Branch Office will perform those personnel functions directly related to military personnel records administration and military per-

sonnel accounting incident to the receipt and transfer of military personnel, separation from active duty, as well as reenlistments.

When the service records of NRMC staff are moved, we will also transfer one MSC officer, LT Gerald E. PARRISH, MSC, USN, who will become the NTC Personnel Support Branch Officer. NRMC will also furnish two civilian billets and three military billets. HM2 FERGUSON, USN, will be the NRMC PASS Coordinator and will be physically located at the Regional Medical Center.

The PASS negotiations have been in

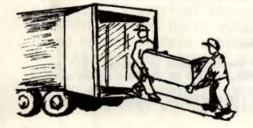
progress since last December and every effort is being exerted to insure this changeover of service records, personnel and personnel functions will be accomplished smoothly and with as little inconvenience to the staff members as is possible.

The PASS concept will be incorporated Navy-wide and has been tested by three pilot areas: San Diego, Washington, With any new and Norfolk. program, there are bound to be

growing pains so we ask for your full support as we enter this period of change. The end result will be fast, efficient service, and who knows, maybe the computers will even give you a SMILE!



LT G. E. PARRISH









#### American Red Cross **Needs You!**

The American Red Cross has launched their spring drive for new volunteers. They need YOU to be on their team. The Volunteer Orientation for newcomers will be held on 10 May at the Naval Regional Medical Center in the Red Cross Lounge, Bldg. 3002, beginning at 0830. For further information, call X4654 or X4611.



Page 2

Congratulations to our new Master Chief

MMCM H. T. HILL, USN

#### WHOOOIZZIT??



DO YOU KNOW THIS STAFF MEMBER?? (Answer on Page 8)

#### CAPTAIN ROMAND HONORED

1 May 1979

Captain "C" Victor Romano, MC, USNR, was recently honored when he was selected by the Alumni Committee, Florida Southern College at Orlando, as the recipient of the FSC Outstanding Citizen Award for

Captain Romano was unanimously selected for this award because of his contributions of time, talents and concern as evidenced by his involvement in the community and college life and as a dedicated Naval Medical Officer.

The plaque was presented at the annual banquet at the college and Captain Zimble was given the honor of making the presentation.



Captain Zimble presenting the 1979 FSU Outstanding Citizen Plaque to Captain Romano.

#### VITAL SIGNS STAFF

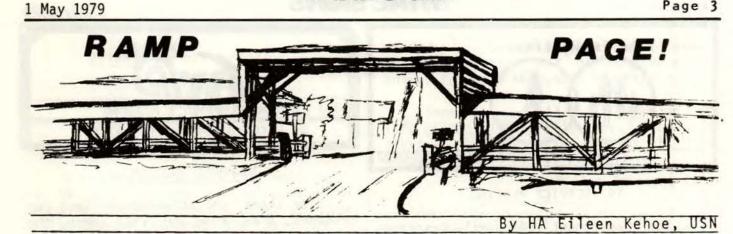
Editor: HMCM(SS) R. C. Clements, USN Managing Editor: Mary V. Van den Heuvel CDR N. J. Stewart, NC. USN HM1 G. A. Coy, USN HM1 J. D. Campbell, USN HM2 S. P. Foster, USN HA E. Kehoe, USN

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#### How Can We Conserve More Energy?



tricity.



HM1 Welch, Medical Repair: To secure all unnecessary equipment when not in use. Even when we are working on the electrical equipment, we avoid excessive running





Joe Callender, Respiratory Therapy: I read in the POD where it would be mandatory to maintain 80 degree temperatures in all work spaces. I think the patients require cooler temperatures and it should be fluctuated for them. I have seen it fluctuated for staff but not for patients. Electrical equipment should be shut down during hours other than highusage hours. We have a blood gas machine that is equipped with an automatic shut down if not used within a 2 hour period. A lot of the machines should have this built-in energy saving feature.

time and this helps cut down on the elec-

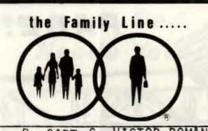




Ann Hutto, Laboratory Service: As far as I know, we are doing everything we can to conserve energy. For instance, in bacteriology alone, we shut off the air conditioners when we leave. We also turn off our bacteriology incinerators and there is no equipment in micro that runs unnecessarily. In the rest of the lab. as far as I know, they turn off all the major equipment that is not in use at 1600.



HM2 Glascock, CSSR: Primarily, I think a shuttle service from base housing to the hospital would save on gas and help the energy crisis. I know a lot of people would pay a fee for shuttle service instead of \$10 a week for gas for the car.



By CAPT C. VICTOR ROMANO, MC, USN

#### TRI-SERVICE MEETING

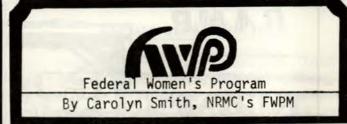
The Department of Family Practice recently attended the Tri-Service Meeting of the Uniformed Services Academy of Family Physicians (USAFP) at Jekyl Island. Georgia. LT Scott Condie was re-elected as Secretary-Treasurer: LCDR Larry Johnson was appointed as Chairman of the Student and Resident Affairs: and CAPT Romano will remain on the Board of Directors. The meeting was hosted by the Family Practice Services, Dwight D. Eisenhower Army Medical Center, Fort Gordon, Georgia, and was very productive. Not only did we participate in the Continuing Medical Education Seminars, but varied problems encountered by other Family Practice Units were freely discussed and ideas and suggestions were exchanged. From conversation with other service members, especially Navy Family Physicians, our Family Practice Service in Orlando is highly regarded and greatly requested as a duty station. It appears that this has only been possible due to the dedication and loyalty of our staff.

I was extremely proud to hear the fine comments made regarding our Family Practice Service and I assured all present that not only will we continue to be outstanding in the performance of our duty but made it quite clear that our units are the best in the Navy. When asked why I felt our staff performed so well, my answer was simply, pride and complete involvement by all in the job we are doing.

#### Family Line "QUOTES"

"Victory at all costs, victory in spite of all terror, victory however long and hard the road may be; for without victory there is no survival."

Sir Winston Churchill, 13 May 1940



#### IN-HOUSE PROGRAMS

For those who attended the last two programs, I am sure you will agree, the program on "Child Abuse," presented by Dr. Hegert, was most informative.

Captain's Call covered a variety of topics ranging from traffic, progress report on the new hospital, civilian evaluations, and a report from the Personnel Management Self-Evaluation Committee. The Captain also mentioned that he will invite Mrs. Phyllis Witherspoon, the new Civilian Personnel Officer for Navy Orlando, to attend one of our meetings. The next Captain's Call will be in July.....so get your questions in early.

The In-House Program for May will be by LCDR Carlton on the "Heimlich Maneuver."

#### ATTABOYS

The following staff personnel deserve special recognition for outstanding academic achievement for receiving Bachelor degrees from Florida Southern College during commencement exercises held 29 April at the campus in Lakeland:

HMC Andrew Bureman, B.A., cum laude, Political Science

HMC Johnny Edgmon, B.S. Business Administration

HM1 Oscar Salinas, B.A. Psychology HM2 John Fausset, B.S. Biology

HM2 Stephen Foster, B.S. Biology



Congratulations to our new

Senior Chief

HMCS T. D. CRISP, USN

#### NURSING

1 May 1979

#### SERVICE

CDR N. J. Stewart, NC, USN

#### LCDR MILLIE JOHNSON, NC, USN

I would like to take this opportunity to give a very special person the recognition she so greatly deserves. LCDR Millie Johnson entered the Navy on 7 January 1959. Her dedicated service has been enjoyed by the Naval Hospital, Camp Lejeune, the MSTS Ship Simon B. Buckner, the Naval Hospital, Philadelphia, the Naval Hospital, Orlando, the Naval Hospital, Naples, Italy. She returned to Orlando in 1972, and will be retired from this command on 1 July 1979.

LCDR Johnson has said that every day she has spent in the Navy has been a good day. There have been days when she has been so tired, she thought she could not take another step..... but she wouldn't trade a single day in the Navy for a day anywhere else.

LCDR Johnson wrote this article entitled "Our Duty" in 1974 and wishes to share it with our staff.

#### OUR DUTY

The voice of duty speaks for every individual. Duty may be humble, but it is never trivial.

Our duty signifies our place in the universe for major laws of the universe are service, justice and love, and duty serves as the foundation of these.

Duty is the basis of service toward others and of benefit for one's self. Without duty there can be neither sustenance nor health, neither justice nor friendship, neither knowledge nor peace.

We as nurses have assumed a grave and overwhelming duty, that of the care of the sick and aged, the injured and the enfeebled, the lonely and the heartsick. Whereas medicine has added years to man's life, ours is to add life to those years.

May our duties continue to evoke zealous devotion and may we give a <u>yes</u> answer to those summonses directed to us.

Someone once said: "The evening of life brings with it it's lamp." Let us serve as the lamp to the evening of those in our care.

Millie Johnson, 1974

Good luck to you, LCDR Millie Johnson, and a great big "WELL DONE" from all of us.

#### We're Sorry You're Leaving!

LT V. M. Mayo, NC, to NavHosp, Beaufort LT D. E. Walke, NC, to NRMC, Philadelphia HM1 J. D. Marquis to OCS, Newport HM3 R. Preston to NRMC, SDIEGO HMC A. G. Bureman to 2D, FSSG, Camp Lejeune HM3 R. W. Cannady to civilian life HN J. B. Holland to civilian life HM2 W. Griggs to civilian life

#### Congratulations To Our Reenlistee

HM2 M. W. Dally, USN Outpatient Service

#### We're Glad You're Here!

LCDR C. Evans, NC, from NRMC, GLAKES. LCDR W. E. Tumblin, CHC, from NavSta, Norfolk

LT M. Williams, MSC, from NavHosp, Port Hueneme

HM2 L. E. Tamayo from NRMC, Subic Bay HM3 D. E. Porter from NSHS, Betheda

HN B. A. Hall from HCS, GLAKES

HR D. J. Harrington from HCS GLAKES HN D. F. Parrish from NRMC, Yokosuka

HMC T. L. Mastin from NOSA, Yorktown

HMC R. W. Moore from 3rd FSSG, Okinawa HM3 C. E. Tillie from NRMC, Portsmouth

HM1 R. P. Edmonson from USS Saratoga

DT2 D. E. Hackett from 1st Marine

Brigade, Kaneohe

HA D. M. Gintz from HCS, GLAKES HN L. K. Williams from HCS, GLAKES HM3 R. Lamb from NavHosp, Key West



Chaplain's

By LCDR I. O. CARTEE, CHC, USNR

#### EASTER HAS COME AND GONE, OR HAS IT?

This year's Easter Day celebration has come and gone, but the celebration of Easter goes on. What good news! A more impressive evidence of Easter than the empty tomb was what happened in the lives of Jesus' followers. Those men and women, defeated, discouraged and disillusioned, were transformed into a dynamic group with unshakable faith and indomitable hope. What has been happening during the past two thousand years in the lives of millions of people is the continuing miracle of Easter. To some people, Jesus is a memory. To others, He is a presence. To the unbeliever, Jesus is just a figure in time. To the believer, He is a timely figure, the Lord of life. The eyes of unbelief may see an empty tomb, but the eyes of faith see a resurrection. May we all know what it is to be a believer that we may know the power of His resurrection in our lives day by day. This year's Easter Day celebration may be past, but may we forever be caught up in its spirit and meaning for our lives.

#### 

#### CRA Spring Picnic

The Civilian Recreation Association Spring Picnic was held Friday, 20 April. There was a big turn-out and the CRA Committee would like to thank everyone for making it such a great success. We plan on having more functions in the future and look forward to meeting everyone again.

(Editor's Note: We think the CRA Committee Members all deserve a heartfelt Attaboy from all the members of the Staff for their detailed planning and hard work that made this outstanding picnic possible. The food was sumptuous! What a delightful break in the work day!)



PHILLIPS, IISN HMCM J. H.

1 May 1979

#### SPOUSE DUTY

The basic policy of the Navy is that married service couples will be assigned together whenever and wherever possible. To be considered, you must meet the criteria: (1) Requests must be based on actual marriage. (Engagements do not count.) (2) Married service couples shall not be subjected to family separations more severe than other married couples. (3) Neither spouse shall be excused from any assignment for which he or she is eligible, including duty overseas. Decisions relating to family planning, reenlistment and career development cannot be based on the assumption that COMNAV-MILPERSCOM will guarantee a joint assign-

At the present time, there are 1,407 members of the Hospital Corps who are married to other HM's. This constitutes an assignment problem. Considering the diverse manning needs of commands and sea/ shore rotation policy for personnel, the possibilities for separation are great, probably unavoidable for those seeking full Navy careers. However, our HM detailers work hard to keep this separation to a minimum. All members should include marital status on an updated duty preference card. Our detailers have been very successful in their effort to keep married Hospital Corps members together and, with a little cooperation of the individuals, this trend should continue. Plan ahead, get the real facts from your Career Counselor or the Command Master Chief.

#### <del>-00000000000000000</del>

#### Birthdays

CRA BIRTHDAY GREETINGS TO: Holland Wilderson on 1 May; Virginia Small on 2 May; Richard Cohen on 7 May; Gloria Carter on 9 May; Lovie Tompkins on 18 May; Lois Rogers on 19 May; Mary M. and Mary N. Ramsey on 27 May.



1 May 1979

#### ASK THE SKIPPER



CAPT J. A. ZIMBLE, MC, USN

I am pleased to report that my remarks in last months's "Vital Signs" concerning my perception of "abject apathy" among the staff was totally unwarranted. Subsequent to publication of that observation, I received four letters. One letter and portions of one of the others are inappropriate for publication and I therefore selected an alternative communique. I have selected the below questions for my comment in this medium:

Dear Skipper: I am a resident of BEO 3129. I haven't been here very long, but I just could not help but notice that the Housekeeping Service takes care of BEO 3001, which is suppose to be a petty officers' barracks, but there are HN's, HA's, and even HR's, living there. This I do not understand! Question: Why doesn't Housekeeping clean BEOs 3129, 3128, and 3132? Not the rooms, but passageways and the heads at least.

Ouestion: Why are inspections being held more often?

Ouestion: Will there be more supplies in the future or will they become finite? Question: The psychological effect of the placement of the barracks is the cause of low morale. In my opinion, the place is like being in solitary confinement, especially to those tenants who do not have a car or bicycle. I find that most Corpsmen at this command are less depressed than they are angry.

Question: Why is it that the female Corpsmen are placed on the other side of the base? Why aren't male corpsmen placed over there also? I find this discriminatory!!!

Answers: Whew! You sure squeezed lots of questions in your letter. Hopefully, I can squeeze all the answers in this column. The answers would have been available to you had you but asked the questions at the BEQ residents meeting which I attended. Since I plan to be present at such meetings at least quarterly, please try to arrange your schedules accordingly.

Your question regarding housekeeping sounds extremely similar to one I hear at home. My answer, regretfully, is also similar. My personal budget does not permit a housekeeper for my wife and the hospital budget does not permit a housekeeper for the BEO residents. In fact. we are indeed fortunate to be able to make the services of one housekeeper available part time for one of the BEO's. It seems reasonable to me to utilize those services for the most senior BEQ. The HN's, HA's, and even HR's who were only transiently billeted in BEO 3001 have, to my knowledge, now been permanently assigned elsewhere.

More inspections are being held as a result of a recommendation made by the BEO Management Team who inspected us from 19 to 21 March 1979. A total of ten recommendations, including the availability of adequate cleaning supplies, were submitted. LT Rosenbaum assures me that all the recommendations have been discussed with the BEO residents and that all will be implemented.

The psychologic effect of inadequate quarters is certainly appreciated. This command continues to explore all avenues of resolution with higher authority. Unfortunately, all good solutions require time and money. I earnestly solicit your patience and understanding, and promise that I shall earnestly try to upgrade your living conditions to the best of my ability.

Finally, regarding your last question, you are absolutely right.... we do discriminate between the sexes. Since common heads are inappropriate for nondiscriminate unisex billeting, we have asked the Naval Administrative Command for assistance. Despite limited BEQ space on the other side of Lake Baldwin, the CO of NAC was able to provide for Corpswave quarters. Were there adequate BEQ facilities for all our personnel, I would be (Continued on Page 8)





(Continued from Page 7) the first to initiate demolition procedures for our blighted BEO's.

COMMENT: "You say you are lonely up there -- well, here is one (problem) for you to cure. Active Duty in uniform should be able to go to the head of the lines or be taken first, but it doesn't work that way. The Family Practice Clinic, Ortho, and X-ray have been taking dependents first (most of the time). I wasted three and a half hours trying to get seen. This should have taken the maximum of one hour. Time I could have spent getting my work done. You say morale is down, well you're ... right. The staff here at NRMC is being treated very lousy and should have better privileges. After all, I feel we deserve it.

Signed "A Very Disgruntled Corpsman"

CO: Current policy calls for head of the line privileges at sick call for staff in uniform. Since I don't have your name, it is very difficult for me to determine why the policy was unsuccessful in your case. However, I would like to take this opportunity to report that a brand new policy is in the mill. Prior to receiving your memo, I had directed the Chief of Family Practice to prepare a plan whereby all members of the NRMC staff, married and single, would be enrolled with a designated physician. When this plan is implemented, I expect that the benefits will be three-fold. First, "military sick call" at the hospital will be eliminated. Any member of the staff requiring medical attention will contact his or her assigned physician for appropriate and timely evaluation and treatment. Secondly, the quality of care should improve since a single physician would be cognizant of the total health status of the individual staff member. Finally, "curbstone" or "rampside" consultation and treatment without the availability of the health

record, with that practice's potential for misuse and abuse, will be avoided. I am happy to report that with Captain Romano and Lieutenant Black's interest and cooperation, the new plan should be ready for review and implementation very soon.

## RECEIVE THE SENIOR ENLISTED





**HMC Edgmon** 

HMC Johnny D. EDGMON, USN, Chief of the NRMC Medical Repair Branch, has been selected as the recipient of the Semi-Annual Senior Enlisted Leadership Award. To be eligible for the award, the staff member must be a Petty Officer First Class, Chief Petty Officer, or Senior Chief Petty Officer. The award is given for the ability to recognize and solve problems, resourcefulness, judgment and managerial skill. Chief Edgmon was selected by a board made up of Chiefs of Service and the command's Master Chief Petty Officers.

#### WHOOOIZZIT?



HMC

J. E. STOCKBERGER,

USN

Assistant Chief

Human Resource Management Service



VOL I No. 7

Naval Regional Medical Center, Orlando, Florida

1 June 1979

#### ANNIVERSARIES

#### NURSE CORPS

On 13 May, the Navy Nurse Corps celebrated their 71st anniversary. The formal cake cutting ceremony was held in the dining room. Ensign Mary E. Wynn, NC, won the honor of official cake cutter by reason of being the most junior officer present. Captain Zimble gave his anniversary greeting and Captain Redgate passed on the greetings from Admiral Conder, the current Director of the Nurse Corps.



#### HOSPITAL CORPS

On 17 June, the Hospital Corps will celebrate their 81st birthday. The Hospital Corps, of the U.S. Navy, came into existence as an organized entity of the Medical Department by an Act of Congress approved 17 June 1898.

The exploits of heroism exhibited by members of the Hospital Corps has become a matter of history. The Hospital Corps received 820 major awards for meritorious service, including 7 Medals of Honor and 52 Navy Crosses during WW II. The same heroic, dedicated service has been a hall-mark of the Corps down thru the years.

To celebrate the birthday, an All-Hands Picnic will be held Friday, 15 June, at the Picnic Area adjacent to the Lakemont Gate at NTC, from 1300 until?



#### RESULTS!



#### WOW



The results are in from the March advancement examinations..... and all we can say is that the NRMC staff really RATES! There were eighty-one men and women tested for advancement to E6, E5, and E4. Out of that total, there were NO FAILURES! That is an outstanding accomplishment. Of the eight taking the E6 exam, there were four selected (including one DT). Thirty-eight were tested for E5 and of that group, ten were selected. In

the E4 category, there were thirty-five hopefuls and there were thirty-four selected. A truly remarkable record.

We congratulate this outstanding group of diligent, studious and ambitious men and women of the Hospital Corps for this extraordinary demonstration of the way to climb the ladder of advancement in the United States Navy.



HM3 Susan G. Fox, USN, presented a Good Conduct Medal on 24 May 1979.



HM2 Willie L. GRIGGS, USN, presented Good Conduct Medal on 24 May 1979.





LTJG on 21 May 79. Pictured with his wife and young son; also Captain Zimble, CO.



HM1 G. A. Coy, USN reenlistment on 21 May 1979. LT R. L. Smith, MSC, USN, was



LCDR R. E. Baez, Jr., MC, USNR, augmentation on 21 May 1979.

### Benefits eroded

Editor: I am the wife of a retired Navy officer who served his country well in World War II, with 17 battle stars and the Purple Heart to show for his service. Today he and other dedicated men are being deprived of benefits by the withdrawing of privileges

promised them at time of enlistment.

As one example, medical prescriptions are being severely limited at the Naval Regional Medical Center in Orlando, and elsewhere "because of budgetary constraints and inflationary pressures." Several medications formerly available have been withdrawn and must be purchased by veterans. The people should know what is happening to our earned service benefits.

— IRENE L. WEIBLE, Sanford.

## NRMC, receives accreditation

Naval Regional Medical Center, Orlando, has been awarded the Certificate of Accreditation by the Joint Commission on Accreditation of Hospitals (JCAH). The two-year accreditation became effective on June 18.

The accreditation came after a survey conducted by a team from the Joint Commission's Hospital Accreditation Program (HAP). The hospital was evaluated on the basis of information gathered from questionnaires, other documentation and, an on-site visit which included conferences with

professional staff, service chief and members of the hospital's governing body.

The accreditation means that NRMC has voluntarily chosen to be measured by the standards developed by the Commission and has been found to be in compliance with them. These standards set forth optimal achievable goals of excellence as a measure for evaluation by both the hospital and the Commission. The accreditation program assists hospitals in pursuing a higher quality of health care through education, self evaluation and consultation.

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We congratulate this outstanding group of diligent, studious and ambitious men and women of the Hospital Corps for this extraordinary demonstration of the way to climb the ladder of advancement in the United States Navy.

#### Congratulations To Our Reenlistees

HM2 N. F. Harding - 11 May HM2 R. L. Wimmer - 9 May HM1 G. A. Coy - 21 May HM2 A. R. Mayo - 25 May HM2 D. R. Woodburn- 30 May HM3 V. L. Lofaro - 8 Jun HM2 B. K. Pepper - 15 Jun HM3 J. B. Perry - 25 Jun HM3 L. A. Brown - 25 Jun

#### Wedding Bells

HN Billy and HN Marsha Pearce were married on 12 April. The new husband is Senior Corpsman on Ward 9 and the new bride is assigned to Ward 10.

HN Vince and Lisa Paglino were married on 28 April. HN Paglino is assigned to Ward 9.

#### WHOOOIZZIT??



DO YOU KNOW THIS STAFF MEMBER?? (Answer on Page 8)



#### We're Sorry You're Leaving!

LT R. S. Hicks, MSC, to civilian life LCDR P. H. Moser, MC, to NRMC San Diego LCDR C. S. Riley, MC, to civilian life LCDR R. T. Roy, MSC, to NARMC Pensacola HN D. L. Felton to NSHS Portsmouth HM3 W. Russell to NOSA, Yorktown HM1 Quinones to USS GUAM HN M. J. Nestlebush to civilian life HM3 V. E. Clark to civilian life HM3 V. L. Rippy to civilian life HM2 N. F. Harding to Br Hosp Sigonella HM2 B. K. Pepper to NSHS San Diego HM3 B. F. Miotke to civilian life HN J. L. Bass to civilian life HMCS T. D. Crisp to Keesler AFB HM2 M. A. Gavahan to USS INCHON HM3 R. D. Brown to civilian life HM3 M. Milburn to civilian life

#### We're Glad You're Here!

LCDR R. S. Panganiban from NRMC Okinawa LTJG S. C. Rogers from NETC Newport ENS C. L. Tucker from NTEC Newport HN L. C. Booth from FMSS Camp Lejeune HM3 J. P. Higgins from NSHS Portsmouth HM2 E. L. Wiley from NRMC Great Lakes HR K. E. Owens from NSHS San Deigo HR E. T. Winkler III from NSHS San Diego HM2 W. B. Trimble from NAC Orlando HM1 M. F. Dale from NRMClinic, Hawaii

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HM1 J. D. Campbell, USN
HM2 S. P. Foster, USN
HN E. Kehoe, USN

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Commanding Officer: CAPTAIN J. A. ZIMBLE, MC, USN Editor: HMCM(SS) R. C. CLEMENTS, USN

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## RAMP PAGE!

VITAL SIGNS

By HN Eileen Kehoe, USN

#### Why is the Navy having a retention problem?



HM2 A. Ferguson, Patient Affairs: I think the Human Resource Management part of the Navy is still using the old way of telling people what they need to have. Today, they need to take care of the personal needs and they need to realize that if the personal aspects of peoples' lives are taken care of, they are more likely to do better and want to stay in the service. For example, being more concerned when transferring married couples and keeping them together.



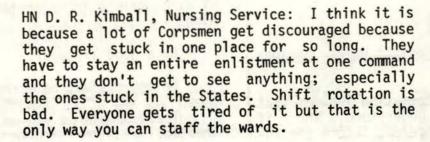


HMC R. Wida, Radiology: There are a host of reasons that effect retention. One that we currently face is Navy personnel being required to be highly skilled and sometimes over-specialized, making it more difficult for the government to meet the financial cost of retention.

HM1 W. Tedin, Educational Services: The lack of a bonus might be one reason but I think they just are not aware of the programs that are open to them. A lot of people judge the Navy by their first duty station, not realizing what the rest of the Navy is really like.









By HMCM(SS) R. C. Clements, USN

#### CONTACT POINT MANAGEMENT

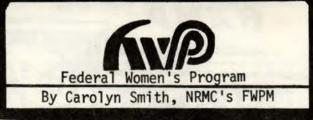
Contact point management is the management of those people who provide a customer service. The initial contact with a potential customer can be anyone from the personnel clerk, housekeeper, medical records technician, supply clerk, commanding officer, or the information desk receptionist.

How This Customer Sees You. There is an old adage which states that, "First impressions are lasting ones." The most important key to contact point management is attitude. The initial attitude that is displayed to the potential customer will eventually result in satisfaction or dissatisfaction. It is extremely important to create a harmonious relationship with a potential customer in order that conflicts and frustrations are limited.

The Medical Department is a people service-oriented provider. Anytime we. in the medical profession, can create a positive attitude with the initial contact we make with our customers, whether they be patients, staff, visitors or someone seeking directions, we initiate a lasting impression as to how we are perceived which is extremely important. Sure there are times when this is not possible; however, if we orient ourselves to making a good first impression, a lasting impression to the people we deal with on a day to day basis, our personal reputation, the reputation of our activity, and the reputation of the Medical Department will be a good one.

Keys to Good Contact Point Management.

When giving information insure that the directions are understood, and if difficulty is encountered, inform the in-



1 June 1979

#### SOMETHING'S WRONG!!!!

Attendance at the In-House Programs has been dropping. These programs are especially planned for the benefit of all civilian employees of the medical center. Get one or more of your fellow employees to come with you to the next one. You will find them educational and enjoyable. Suggestions and/or contacts for future programs will be greatly appreciated. Maybe YOU would like to present a program! Let me know.

LCDR Carlton presented our last program on the "Heimlich Maneuver." The program was very informative and a value for all to know. Amazingly, there were three of our staff members present who had their lives saved by this method. How thankful they are that someone else took the time to learn this life-saving technique!

We will be having another Captain's Call in July.... so start thinking about your questions and get them in to me.

dividual to return to you and you will be happy to assist them again.

It is the responsibility of the first contact point to see that the person gets proper information and gets to where he has to go without delay.

A polite, pleasant and serviceoriented atmosphere is the responsibility of each person in a contact point position.

Be a good listener.

Be aggressive, be correct, and SMILE.

Treat people as you would like to be treated.

#### NURSING

#### SERVICE

CDR N. J. Stewart, NC, USN

#### ARE YOU A WINNER?

Are you a winner or a loser? Many times during the past week I have heard people say, "I never win anything" or "What is the use of trying, it doesn't do any good anyway!" You can hear this type of response on any range of topics from taking a chance on Navy Relief to accomplishing a task on the ward. On the opposite end, we have the individuals who expect, and will achieve, favorable results from their efforts. These are the people who possess the first, most identifiable. quality of a winner or achiever: positive self expectancy. Positive self expectancy, as defined by Dennis Waitley, is just plain and simple optimism and enthusiasm. Dennis Waitley, by the way, is a world renown psychologist, rehabilitation coordinator for returning POW's and psychologist for Apollo Moon Program astronauts. He has stated that there never has been a winner who did not expect to win. In other words, we become what we fear and we are what we expect.

How can we change our fears into positive self expectancy? Dennis Waitley suggests:

- Look at your problems as opportunities and search for the favorable aspects of every situation.
- Learn to stay relaxed and friendly no matter how much pressure and tension you are under. Calmness and courage are learned habits and there is no better way to learn a habit then by doing it.
- Instead of griping, try praising; instead of being unhelpfully critical, try being constructively helpful.
- Get excited and enthusiastic about your own dreams. It's the excitement that carries you through any setbacks you may encounter. Positive self ex-

pectancy is the key to health, happiness and it puts a favorable inclination toward every goal you set. It is the attitude of inner faith that generates the inner drive (positive self motivation) into action.

# JUNIOR NURSE OF THE YEAR



LT Hector Quiles

LT Hector Quiles, NC, has been selected as NRMC Orlando's Junior Nurse of the year for 1979. With his selection for this honor, LT Quiles will receive a cash award. This award is donated each year by Captain George W. Taylor, Jr., MC, USN (Ret.), former Commanding Officer of this hospital.

The Junior Nurse of the Year is selected by majority vote of all the junior nurses at this command.

LT Quiles reported to this command for duty on 16 November 1976 and is presently assigned to the Emergency Room.



FLAG DAY

14 JUNE

Come out for Morning Colors

0800 - BLDG 3000

Page 7

Chaplain's

By LCDR W. E. TUMBLIN, CHC, USN

"God grant me the serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference."

Reinhold Niebuhr

This prayer is well-known today. It captures and expresses truth about accommodating ourselves to illness, excuses, and the "I'm gonna have it my way regardless" lifestyle.

Some approaches to health problems can arouse our hopeful, active cooperation in the treatment process. But persistent denial of pain and crippling consequences in our lives leads us to keep up appearances too long. Sticking with our chosen therapy in dealing with needs of body and spirit can produce hardened helplessness. Slowly things begin to look lifeless and hopeless. This hopeless feeling constricts, controls, and finally confines us to living life from a prone position.

Good medicine and healthy religion continually search for the wisdom of knowing the difference between what we must live with and what will give us an abundant life.

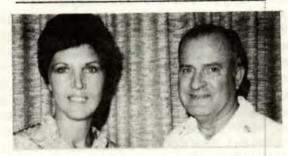
In the Gospel of John, Chapter 5, a man is reported to have taken up refuge beside the pool of Bethesda. He needed treatment for a chronic condition described as "weakness." Jesus confronted him with the question, "Do you want to recover?" The man described his helpless situation poolside, revealing a sense of hopelessness and frustration. Then Jesus demanded that the man participate actively in his recovery as he said, "Rise to your feet, take up your bed and walk."

Old, semi-comfortable ways of dealing with our health needs may not be productive. But Good News will demand that we change some of our ways.

PIPE . . . .

1 June 1979

NRMC NOW HAS A FAMILY OMBUDSMAN



Sandra Stockberger with HMCM Phillips

Mrs. Sandra Stockberger has volunteered to serve as the Family Ombudsman for the staff of the Naval Regional Medical Center. Orlando. Sandra is married to John E. Stockberger, Chief Hospital Corpsman, who is the Assistant Chief, Human Resource Management Service. Sandra has had previous experience as Family Ombudsman with the USS VESOLE (DD 878). As an official representative of Navy families, the Ombudsman plays an important role in establishing and maintaining good communication between the command, members of the staff and their families. With her previous experience, Mrs. Stockberger has a good knowledge of the Navy organization, customs and responsibilities. Any staff member or dependent, who feels unfairly dealt with by the local command or any other government agency, may bring the complaint to the Family Ombudsman. One of the basic tenets of an ombudsman program is that the ombudsman should only accept grievances that merit consideration. Individuals must first utilize the channels already in existence. If these channels do not produce satisfaction, THEN the family ombudsman sets the wheels of the program in motion. Mrs. Stockberger may be reached by calling the NRMC Information Desk at 646-4313 or 646-4314. If there are any questions concerning the Family Ombudsman Program, contact the Command Master Chief, X5973.

the Family Line .....

By CAPT C. Victor Romano, MC. USNR

#### NRMC CELEBRATES ARMED FORCES DAY!

The Family Practice Service, with an able assist from other medical staff personnel, celebrated Armed Forces Day, 19 May 1979, in a unique manner. Once more, medical personnel have volunteered freely of their time to perform a meaningful service to their community. The volunteers arrived on 19 May at Bethune-Cookman College, Daytona Beach, to perform physicals on underprivileged children which will enable them to participate in a summer sports program. This program, National Youth Sports Program, under the auspices of HEW, provides supervised activities for needy children who otherwise would have nothing to do this summer. I wish to thank all those who participated and gave freely of their time and a special thanks to the Athletic Director of Bethune - Cookman, Mr. "Tank" Johnson, whose able assistance aided in this program. The staff is looking forward to next year when we will be more than happy to provide the same service. The following personnel took part in this community project:

HM2 S. Jackson CAPT J. Zimble, MC HM2 S. Foster CAPT C. Romano, MC LCDR L. Johnson, MC HM2 J. Fausset LCDR F. Isacc, MC HM2 R. Cannady LT J. Treharne, MC HM2 W. Griggs LT S. Condie, MC HM3 L. Maahs HM3 L. Brown CW02 R. Enderez HM3 M. Tinney WO2 J. Bishop HN J. Pierce WO1 R. Woodruff CDR J. Wills, NC HN D. Brunk HN L. Halvorsen LTJG N. Bloom, NC LTJG L. Brown, NC

#### Family Line "QUOTES"

"Be ashamed to die until you have won some victory for mankind." Horace Mann

#### ALOHA

HMCS Joseph W. Phillips, USN, was transferred from NRMC Orlando to the USS BRYCE CANYON (AD-36) in January. We recently received this letter from him.

ALOHA, NRMC ORLANDO STAFF:

**VITAL SIGNS** 

On 17 April, I was standing tall before the CO of the USS BRYCE CANYON who was saving "The Secretary of the Navy has awarded to HMCS Joseph W. Phillips, USN. the Navy Commendation Medal for meritorious service while stationed at the Naval Regional Medical Center, Orlando....."

My mind traveled to Orlando and the many people who had, in some way, made this award possible. No one receives any award without the hard work and support of many. To name all the personnel who did their part in making my assignments worthy of this award during my tour at Orlando would take lots of space and the recall that I don't have. But. I would like to take this space to say to the staff, both military and civilian, "thank you" for the hard work and the support that I received. I was happy to receive the award on behalf of you all. HMCS J. W. Phillips, USN

#### DR. ALETA BECOMES CITIZEN



Captain Zimble congratulates LCDR Elenita F. Aleta, MC, USNR, on becoming a citizen of the United States. The ceremony was held on 1 May at the NTC Chapel under the auspices of the Immigration and Naturalization Service.

Dr. Aleta reported for duty to the Medical Center on 25 September 1977 and is presently assigned to the Acute Minor Care Clinic.





CAPT J. A. ZIMBLE, MC, USN

Question: Captain, I am concerned about a certain situation which should be brought to your attention. Several times when I have called a certain doctor about his patients on the ward, regarding orders or questions about management, he is either very gruff, sarcastic or worse. On one occasion, he told me specifically not to call him again that night about his patient, even though he had the telephone watch. I now feel very reluctant to call him again under any circumstances and don't know what to do.

Anonymous

Answer: Although this comment is unsigned, I think it warrants publication. There can be no place for such demonstrated lack of respect by a physician towards other members of the staff. As health care providers, who operate best as a coordinated team, such "staff abuse" as described above is truly inimical to good patient care. Intimidation leads very quickly to a total communication breakdown and the patient ultimately suffers with such communication barriers: a call is not made, a consultation is not requested, a medication is omitted, etc. Lack of genuine concerned help to one member of the medical care team by another will not be condoned. I recognize that there are times when one doesn't neces-sarily feel overly gracious and pleasant. After a full day in clinic and anticipating a busy morning schedule, one doesn't enjoy being awakened in the wee hours over what is felt to be unimportant. Nonetheless, that phone call comes with the territory. Turning off the caller insures not receiving a future, more important, call.

I therefore expect any future such impasse to be immediately corrected through referral to the MOD, the appropriate chief of service, the director of clinical services or me.



#### CWA NOTES



By Joyce Sienia

The NRMC Civilian Recreation Association (CRA) sends flowers to hospitalized employees. They also send flowers or contributions upon the death of an employee, employee's spouse, children, parrents and/or other dependents. Notification should be made to one of the following CRA Board Members:

N. Dixon (Dental) X4235; J. Rodarte X4313; J. Hawkins X5270; or J. Sienia X5322.

#### Birthdays

CRA BIRTHDAY GREETINGS TO: Bonnie Davis on 1 June; Inell Baldwin, William Taylor, Mary Yarbrough, Alice Wilson on 3 June; June Hicks on 5 June; Joseph Callender on 6 June; Flora Hendreickson on 8 June; Clyde Howard on 9 June; Carolyn Smith and Betty Wimberly on 10 June; Mary Graham on 14 June; Jessie Howell on 15 June; Albert Larrivee on 24 June; Barbara Biggie on 25 June; Carolyn Edwards on 26 June; Linda Bunker on 27 June; Mary Van den Heuvel on 28 June; and Tessie Martin on 30 June.

P.S. The CRA Committee is planning a SUPER event in the up-coming weeks -- keep your ears and eyes open -- it will be a guaranteed good time for all!



#### WHOODIZZIT?



LT Ed Niec, MSC, USN
Chief of Outpatient
Administrative
Service



HM3 R. W. Cannady, USN, presented a Letter of Appreciation on 24 May 1979.



DT2 Hackett, USN, presented a Marine Corps letter of commendation on 24 May 1979.



Linda Bunker, LPN, Orthopedic Service receiving an outstanding performance award.



ENS T. W. BAYS, NC, USNR; ENS M.B. HOPKINS, NC, USNR; and ENS V.G. MELIDOSIAN. NC. USNR ...all promoted

to LTig on 01 June 1979.



Promotion to LTig on 04 June 1979 ...M. B. HOPKINS, NC, USNR. Pictured with his wife and family.



HM3 J. E. Pauley, USN, presented Good Conduct Medal on 24 May 1979.



To Chief Warrant Officer ... CWO2 Michael Popovich, USN, Internal Medicine Clinic.



Promotion to LTig on 04 June 1979, T. W. BAYS, NC, USNR. Pictured with CDR Stewart and CAPT Zimble.



Promotion to LTjg on 04 June 1979, V. G. MELIDOSIAN, NC, USNR. Pictured with CDR Marcotte and CAPT Zimble.



Hospital Corps picnic, 15 June 1979. CAPT Zimble with MM1 J. M. Huggins, MAA.



HMC John H. Phillips, USN, MCPOC, and HMC J. E. Stockberger, USN, enjoy Hospital Corps picnic activities.



Temporary appointment to LCDR for LCDR M. L. Adams, MC, USNR on 21 June 1979.



HM3 J. B. Perry, Jr., USN, reenlistment. LCDR Thoene, reelisting officer. Mrs. Perry pictured with her husband during ceremony.



L. to r. LCDR Thoene, Mrs. Perry, HM3
J. B. Perry (seated), and CAPT Zimble.

0





LCDR M. E. Johnson, NC, USN, retirement on 1 July 1979.





Letter of appreciation to LCDR J. E. Norman, NC, USN, by CAPT Zimble. CAPT Romano and HMCM Phillips look on.



VOL I No. 8

Naval Regional Medical Center, Orlando, Florida

1 July 1979

## NRMC MAINTAINS ACCREDITATION!

The Naval Regional Medical Center, Orlando, has been awarded the Certificate of Accreditation by the Joint Commission on Accreditation of Hospitals (JCAH). The two-year accreditation became effective on 18 June 1979.

This medical facility was commissioned as a Naval Hospital in July 1968. The initial survey by JCAH was accomplished shortly thereafter and a two-year accreditation awarded May 21, 1969. This hospital has successfully maintained the accreditation in two-year increments ever since!

The accreditation means that the medical center has voluntarily chosen to be measured by the standards developed by the Joint Commission and has been found

to be in compliance with them. These standards set forth optimal achievable goals of excellence as a measure for evaluation by both the hospital and the Joint Commission. The accreditation program assists hospitals in pursuing a much higher quality of health care through education, self-evaluation, and consultation.

The JCAH is a private, non-profit, organization whose primary purpose is to promote high quality in the provision of health care and related human services. Member organizations of the Board of JCAH are the American College of Physicians, the American College of Surgeons, the American Hospital Association, and the American Medical Association.







# HAPPY 203rd BIRTHDAY,



AMERICA!



4 JULY 1979







#### JUNE PERSONNEL INSPECTION

#### Noted for excellence:

LT R. W. Black LT R. E. Elster LCDR W. K. Bott

HMC J. D. Edgmon HM1 E. E. Manley HM1 R. P. Edmondson HM1 J. E. Craig HM2 R. G. Cruz

HM2 J. J. Arias HM2 F. D. Bourrie HM2 J. L. Dubose

HM2 M. L. Blagmon HM3 J. T. Potts

HM3 C. I. Bockrand HM3 T. L. Hulbert

HM3 D. W. Bement

## WHOOOIZZIT??



DO YOU KNOW THIS STAFF MEMBER?? (Answer on Page 8)



# HOSPITAL #1 SOFTBALL TEAM CAPTURES 1979 CDR'S CUP



Front row (left to right): Mike Fields, Bob Elster, Tony Mayo, Dave Carlson, Paul Mowbray, Phil Black.
Back row: Don Rosenbaum, Winston Tedin, Coach Romano, Al Wright, Mickey Thompson, Tom Hill, Rich Desomma.
Not pictured: Ed Niec, Mike Nestlebush, and Jim Gifford.

#### CORRECTION

In the June issue of "Vital Signs", the donator of the cash award for the Junior Nurse of the Year was incorrectly identified. The cash award is donated each year by Rear Admiral Bartholomew W. Hogan, MC, USN (Ret.) Admiral Hogan was the Surgeon General of the Navy from 1955 to 1961. He now resides in Lake Wales, Florida.

#### VITAL SIGNS STAFF

Editor:
HMCM(SS) R. C. Clements, USN
Managing Editor:
Mary V. Van den Heuvel
CDR N. J. Stewart, NC, USN
HM1 G. A. Coy, USN
HM1 J. D. Campbell, USN
HM2 S. P. Foster, USN
HN E. Kehoe, USN

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Commanding Officer: CAPTAIN J. A. ZIMBLE, MC, USN Editor: HMCM(SS) R. C. CLEMENTS, USN

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VITAL SIGNS reserves the right to edit or reject copy to comply with its policy. In reprinting material appearing in VITAL SIGNS appropriate credit must be given.

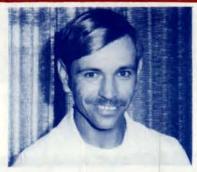
#### We're Glad You're Here!

LCDR T. Narut, MSC, fm Camp Lejeune LTJG K. Fauth, NC, fm Newport LCDR L. Spitz, MC, fm Roosevelt Rds LT J. Ulcickas, MSC, fm NRMC Subic Bay LT F. Conroe, MSC, fm NRMC Charleston

HM3 S. Alfieri fm NSHS Oakland HA R. Dyson fm HCS SDIEGO HM3 G. Cate fm NRMC Oakland HM2 W. Matlock fm NRMC SDIEGO HN J. Dina from Portsmouth HM1 F. Martinick fm Yorktown HA M. Brennan fm HCS GLAKES HMC G. Turner from NRMC Naples HN G. Bessing from NRMC Portsmouth HR J. Cabrero fm HCS GLAKES HN L. Davis fm HCS SDIEGO HM3 R. Carrerosune fm NRMC Oakland HR K. Cooks fm HCS GLAKES HM3 V. Jacobs fm NSHS Bethesda HM3 D. Farr fm NSHS Portsmouth HN C. Kaser fm NSHS SDIEGO HM3 K. Tiffany, NSHS GLAKES HN C. Giles fm NSHS SDIEGO

# \*\$\* \*\$\* \*\$\* \*\$\*

#### SAILOR OF THE QUARTER



HM3 Larry A. Brown, USN, NRMC Annex, has been selected as the Naval Regional Medical Center's Sailor of the Quarter for Second Quarter 1979.

Petty Officer Brown was selected for his outstanding performance, personal conduct, appearance and devotion to duty.

Petty Officer Brown recently reenlisted under the Guard III program for six years and a guaranteed assignment to the 2nd Marine Air Wing. He will be detached in September.

#### We're Sorry You're Leaving!

LCDR R. C. Walker, MC - RAD
LT R. L. Smith, MSC - Trf to
USS FORRESTAL
LCDR M. Johnson, NC - retired
LT R. J. Walsh, MSC - RAD
LCDR J. M. Tatum, MC - RAD
LT B. L. Harris, NC - Trf to
NavHosp Beaufort
LCDR E. S. Reynolds, MC - RAD
LCDR E. W. Moy, MC - Trf to
NRMC Portsmouth
LCDR B. A. Hvizdo, NC - Trf to
NSMC Groton

HM2 R. R. Bratsven - RAD

HM3 R. Brown - RAD

HM2 J. Arias - Trf to NRMC Okinawa HM2 G. N. Meldrum - RAD DT1 G. Rimando - Trf to FMSS Camp Lejeune HMC G. E. Eder - Trf to 3rd MarDiv Okinawa HMCM J. L. Phillips - Trf to Ft Detrick, MD HA G. E. Mayfield - RAD HM3 J. Novello - Disch HM3 D. Coy - Trf to Br Clinic. Pearl Harbor HM1 G. Coy - Trf to 1st MarBge Kaneohe HM3 G. Lloyd - Disch HM3 P. Ingersoll - Disch HM3 V. Lofaro - Trf to NRMC Naples HMCS T. A. Ryan - Trf to NRMC Okinawa HM2 A. Mayo - Trf to FMSS Camp Lejeune HN W. L. Wilson - RAD HN M. L. Otrich - RAD





Page 4

THE LAB COLLECTING SPECIMENS OF GOOD CHEER!



WHERE'S THE BASE?



WHO'S THE MOVIE STAR?



CLEANEST TABLE AT THE PICNIC!

#### HOSPITAL

### CORPS



ROOT, ROOT - FOR THE HOME TEAM!





BABY - YOU'RE THE GREATEST! (Douglas Ingersoll, Jr.)



THE SUNSHINE BOYS!

Photos by HN Eileen Kehoe, USN

## ANNIVERSARY

1 July 1979

### PICNIC



WHO'S MINDING THE STORE?



HOT DOG!



NRMC FRISBEE CHAMP?





THE CUPS RUNNETH OVER!



DRY DOCS?



TESTING ORAL VACCINE!



SHIPWRECKED AND MAROONED!

Photos by HN Eileen Kehoe, USN

1 July 1979

### NEW FIRST & SECOND CLASS PETTY OFFICERS



(Left to right) Captain Zimble, HM1 Marcelo A. Gayahan, HM1 Edward E. Manley, DT1 Don E. Hackett and HM1 David L. Draime.



(Left to right) Captain Zimble, HM2 Harold T. Frank, HM2 Joseph F. Nash, HM2 Johnny "B" Perry, HM2 Gerald J. Collins, HM2 Kevin R. DeWald and HM2 William Russell.

#### THIRD CLASS PETTY OFFICERS



(Left to right - front row) Captain Zimble, HM3 John Caracappa, HM3 Ismael Martinez, HM3 Craig D. Mace, HM3 Donald Parrish, HM3 Brenda Schademan, HM3 Wendi Phillips, HM3 James T. Potts and HM3 Donna R. Wilson. (Back row) HM3 Jan W. Flack, HM3 Jeral W. Carr, HM3 Garry D. Day, HM3 Leif Halvorsen, HM3 Douglas P. Brunk, HM3 Macfarlane Mervilus, HM3 Carl W. Schultz and HM3 Dana L. Tate.



(Left to right - front row) Captain Zimble, HM3 Robert J. Jones, HM3 Wanda N. Anthony, HM3 James L. Summitt, HM3 Glenn A. Dickson, HM3 Thomas D. Berlin, and HM3 John M. Cadrain. (Back row) HM3 Salvator Alfieri, HM3 Douglas Morris, HM3 Robert M. Frye, HM3 Richy McDaniel, HM3 James S. Haas, HM3 Maurice Shaw, HM3 James Williams, HM3 Theodore Williams and HM3 Jan A.

# the Family Line .....

By CAPT C. Victor Romano, MC, USNR

#### A LITTLE TOUCH OF KINDNESS.....

How many staff members have ever been placed in the position of being a patient? Have you ever wondered what it must be like for someone who is ill, seeking medical care, and being completely frustrated when they encounter non-sympathetic and non-understanding health care professionals? There are many times when a sympathetic or kind word would greatly reduce the apprehension and concern of our patients. In order to provide good health care, we must always keep in mind that not only do we treat symptoms of a disease but also the fears and apprehensions of the patient. So many times a situation can get out of hand and control lost when communication is disrupted.

Think how easy it would be to offer that extra bit of kindness to those people. who are ill, confused and upset. Don't make the mistake of wearing a chip on your shoulder when you come to work, as it serves no purpose and can only be the means by which unnecessary complaints are lodged. In all areas of the hospital, we are highly visible and because of that our actions and performances are seen by everyone. If you see someone behaving in an unprofessional manner, perhaps it would be wiser for you to advise them of their behavior rather than someone in higher authority due to a letter of complaint being received. In my immediate family there have been 12 physicians and as part of my medical training I will always remember their advice: treat patients in a manner that you would wish your own family to be treated. I strongly recommend we all follow the above thought when we next have a patient. Always remember, a kind and compassionate word or act can do wonders for patients.



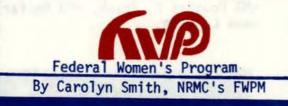


#### LAB LINE

By LCDR J. D. Cotelingam, MC, USNR

In this column, the Laboratory Staff will endeavor to foster and strengthen communication with other Clinical Services. Pertinent items of policy, cost containment and newer developments will be addressed. Your questions and comments are welcome.

The new Laboratory S.O.P. is now available and will be distributed shortly. Please discontinue the use of "Unicul" (Medex) culture tubes. For all routine cultures the "culturette" is ideal, and contains modified Stuart's transport medium, preventing dryout for at least 72 hours.



#### IN-HOUSE PROGRAMS

Last month's in-house program by LT Black on "Outpatient Service - A Part of the Team" was an outstanding presentation. LT Black not only explained the upper echelon, but also how every employee at NRMC is a part of the team.

Captain's Call will be held 10 July. I haven't received any questions, so how about taking pen in hand and jotting down a few? You can send the questions to me at Code 17-D. We do need them in advance to give the Captain time to prepare his answers.

#### Family Line "QUOTES"

"No man who continues to add something to the material, intellectual and moral wellbeing of the place in which he lives is left long without proper reward." Booker T. Washington

#### NURSING

#### SERVICE

CDR N. J. Stewart, NC, USN

#### MOTIVATION

Motivation is a much maligned, overfranchised, over promoted, and misunderstood term. The word motive is defined
as that within the individual which excites them to action. It is not something
we are born with nor can it be bought. It
is not extraneous. No amount of counseling or pep talks by superiors, or talks
with subordinates will motivate. No
doubt these will provide concepts, education, encouragement and inspiration for
us to turn-on our creative powers but
only if we want to. Only when the reward has been interpreted and internalized, does it become a motivating power.

Motivation is really an emotional state. The two key emotions which are dominate in all human motivation are fear and desire. Fear is a most powerful negative motivator. It compels, inhibits, restricts, tightens, panics, forces and ultimately scuttles plans and defeats the goals. Desire, on the other hand, attracts, reaches, opens, directs, encourages and achieves goals. Fear always looks to the past, vividly replaying haunting experiences of failure, pain, disappointment or unpleasantness; desire looks to the future and triggers memories of pleasure, success and excites the need to replay these and create new experiences.

Fearful persons say: "I can't." "I see risk." Persons with desire say: "I can." "I will." "I see opportunity." Fear creates distress, anxiety, sickness, hostility and, when carried to extremes, can cause psychosis and death. Desire can be described as the emotional state between where you are and where you want to be.

Tension can either be good or bad. Negative tension, created by fear, is bad. Positive tension, created by desire, is good. Anyone who does not experience tension is either asleep or dead. We should look at risk as opportunity and we should not fear the penalties of failure. The innovative powers of fear are unfortunate. People dominated by fear cannot act by choice or positive intent - they go through life reacting defensively and incapacitated.

Success in life is not reserved for the talented, the high IQ, or the rich. Our success is almost totally dependent upon our drive and persistence. When you fear a possible outcome, you are setting it up to be achieved.

Everyone of us at NRMC is selfmotivated: either a little bit or a whole lot; positively or negatively. Even a decision to do nothing, is a decision based on motivation.

#### WHAT'S GOING ON?







The Code RED in the ER on 26 June wasn't a drill!

Page 6

By LCDR W. E. TUMBLIN, CHC. USN

#### HAPPINESS?

Alcibiades, the gifted but unscrupulous Greek, was noted as an unhappy man. Someone asked Socrates why it was that Alcibiades, who had traveled so much and had seen so much of the world, was still an unhappy man. The sage answered, "Because wherever he goes, he always takes himself with him."

We pursue happiness, adventure, and fulfillment day after day. To be a "gogetter" is almost synonymous with being American, at least the desirable American. Yet happiness is elusive, somehow seeming to always be found in the next assignment, the next lover or spouse, the next segment of life after military service. It is a rare occasion to hear a person affirm that they are happy in the present

Getting down to those feelings, hopes, and memories that are personal can be a scary experience. Living out of the depths of our lives that colors the world we see is often prevented by ceaseless activity. We become numbed by the parades of life. Yet ourselves cry out for recognition, love, and meaning. Ortega Y. Gasset pointed to this reality by saying, "Life is essentially a desperate struggle to succeed in being in fact that which we are in design."

Self-harmony is built upon selfesteem. The great betrayers of life such as self-disgust, self-estrangement, and self-exaltation distort healthy regard for self. The wisdom of Israel knows this truth. When asked by a lawyer which was the greatest commandment, Jesus replied "You shall love the Lord your God with all your heart, and with all your soul, and with all your mind. This is the great and first commandment. And a second is like it. You shall love your neighbor as yourself."

1 July 1979



HMCM J H PHILLIPS, USN

#### NEW MCPOC

HMCM(SS) R. C. Clements, USN, will relieve HMCM John H. Phillips, USN, as Command Master Chief on 5 July 1979.

Master Chief Phillips is being transferred to the U.S. Army Medical Intelligence and Information Agency, Fort Detrick, Maryland, where he will work as a personal representative of the Surgeon General.



HMCM(SS) Clements (left) and HMCM Phillips

Master Chief Clements has served as the assistant to the director of administrative services since July 1977. He entered the Navy in August 1954 and has served at three naval hospitals including Corpus Christi; Portsmouth and Orlando; Force Troops FMFPAC; dispensaries at NAS Jacksonville and NAS Oceana. He served a one year tour on the USS FORRESTAL (CVA-59) and squadron medical representative for Mine Squadron 12. During the majority of his career, he has served on independent duty with the Submarine Force where he participated in 12 Polaris/Psoidon deterrent patrols. During five of these patrols, he served as Chief of the Boat and senior enlisted advisor in addition to his medical department duties.

Farewell, Master Chief Phillips! Good luck, Master Chief Clements!

#### CIVILIAN SICK LEAVE = INSURANCE POLICY

1 July 1979

Ever think of your sick leave as an insurance policy? No? Then perhaps you should.

Where could you find better sickness/disability insurance than the sick leave program enjoyed by federal employees? We earn 13 days sick leave per year, with no ceiling on the amount you can accumulate.

Accruing 13 days a year, most employees build up a "sick leave insurance policy" in a relatively short period of time. This sick leave can insure that the employee's income continues in the event of a lengthy illness. Many employees go to great lengths to build this "insurance policy." When feasible, they schedule appointments with physicians and dentists during non-working hours, practice preventive health care to stay as healthy as possible, and use sick leave only when their health dictates that their presence at work would be a detriment to themselves or their fellow workers. In this way they make sure their incomes are well insured against lengthy illness.

And what if they never need this "insurance?" Great! Then the investment made in this "insurance policy" converts into a retirement benefit. Upon retirement the employee's sick leave balance is added to his/her length of service, thus increasing the amount of the annuity received.

Sick leave is an asset, so spend it wisely!





#### CRA NOTES



By Joyce Sienia

LUCKY THIRTEEN PARTY!

JULY - "FRIDAY THE 13TH"

BEER & PIZZA

\$\$ CASH DOOR PRIZES \$\$

STARTS AT 1630 AT THE CHIEF'S CLUB

50¢ ADMISSION

ALL NRMC & NRDC CIVILIANS AND MILITARY

ARE INVITED!

#### Birthdays

CRA BIRTHDAY GREETINGS TO: William Green on 1 July: Millie Johnson, James Matthews on 2 July: William Holton on 3 July; Evelyn Rhodes on 8 July; Judith Wells on 9 July; Charles Fowler on 13 July; Hazel Jewell on 14 July; Betty Lyerly on 15 July: Carmen Olmeda on 16 July; Marlene Lopez on 17 July; Delores Nader and John White on 18 July; John Hardemann on 19 July: Phyllis Schmidt on 21 July: Sheila Simmons on 23 July; Francis Reilly on 24 July; Marcia Clark, Marie Lamothe, and Homer Mills on 26 July; Esmenia Maletta on 30 July; and Louisa Littleton, Corinne on 31 July.

#### IT'S PROGRESSING!







CAPT J. A. ZIMBLE, MC, USN

Since the last issue of Vital Signs, I have received no questions or comments for this column. This, of course, affords me the opportunity to speak from the soap box on a topic of my own choosing. I shall therefore speak of fish bowls.

In order to deliver effective quality care to our patients, we must first win their trust. This institution, composed of 700 individual staff members, can only hope to win that trust by example. For that reason we live in a fish bowl. We are expected - and justifiably so - to exemplify salubrious behavior. In less expensive words, we must practice what we preach.

Telling a patient that smoking is harmful to his health while your smoking cigarette lies in a nearby ashtray, detracts from the development of trust. Using - or rather, abusing - prescription drugs without medical indication reflects an image which is inimical to the capability of rendering medical care. Overdosing on potent over-the-counter drugs such as beer, wine or spiritus frumenti detracts from our credibility as health care providers.

Each member of the NRMC staff, military or civilian, is a representative of the Navy Medical Department twenty-four hours a day. It is therefore essential that we demonstrate to our patients those behavior patterns which reflect positively upon the mission of this hospital and the Navy Medical Department.





# <u>LCDR M. E. JOHNSON, NC, USN</u>

#### RETIRED 1 JULY





#### WHOOOIZZIT?



HM3

Macfarlane Mervilus

USN

Patient Affairs Service



LTig Laura L. Brown, NC, USNR, was reenlisting officer



Letter of commendation presented to HM2 ARIAS on 28 Jun 1979.



THE COMMANDING OFFICER

NAVAL REGIONAL MEDICAL CENTER

ORLANDO, FLORIDA

REQUESTS THE HONOR OF YOUR PRESENCE

AT THE RETIREMENT OF

COMMANDER LESLIE H. TURBIVILLE, MSC, USN

ON 31 JULY 1979

AT 1930

AT THE NAVAL REGIONAL MEDICAL CENTER

DINNER IMMEDIATELY FOLLOWING - NTC OFFICER'S CLUB

TROPICAL WHITE LONG OR APPROPRIATE CIVILIAN ATTIRE

SINCERE WELCOME

TO THE

RETIREMENT CEREMONY

IN HONOR OF

COMMANDER

LESLIE HOMER TURBIVILLE

MEDICAL SERVICE CORPS

UNITED STATES NAVY

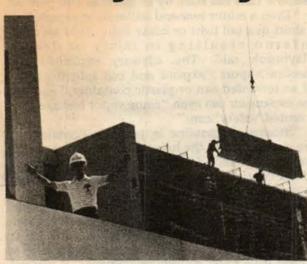
31 JULY 1979





- THE NAV-A-GATOR - Thursday, July 19, 1979

# NRMC completion date delayed by technology



As with many construction projects, the completion date for the new Naval Regional Medical Center has been delayed by the advance of technology. Latest estimates indicate that the hospital will be completed one year behind the original projection.

The source of delay is the installation of a computer system designed to monitor environmental conditions within individual rooms of the hospital. Under original design concepts the energy management control system was only a monitoring device, reporting on climate conditions in different sections of the hospital. Based on a computer readout to a human operator, the system could change the conditions only if it was given a command to do so. Understandably, this would require a full-time computer operator to control the system.

As construction continued on the hospital, it

became evident that greater efficiency could be possible with a more advanced computer system. This system, in addition to monitoring environmental conditions, could also calculate and perform the changes necessary to bring temperatures and humidity back to normal limits. While eliminating the need for full-time human control, it would also be faster and more precise in its operation. Consequently, it was decided to abandon the older system in favor of the new energy mangement control system, adding one year to the completion date. Ten years ago, advances in technology had much less effect on the rate of construction. But in the era of advanced technology and energy conservation, the new hospital would have been obsolete before it was ever finished if the original design had been

Even without the new computer, the new hospital complex will be one of the most advanced designs of Navy construction with energy conservation in mind. Through the use of solar energy heat exchangers and a 1600 gallon storage tank, up to eighty percent of the domestic hot water requirement can be provided. Approximately ten percent of the air conditioning needs can be handled with a system similar to that used in nuclear submarines. Additionally, steps are taken to reduce the amount of waste energy, such as high insulation factors, minimized window area, thermal glass, and heat recovery systems.

When the new hospital is completed, it will represent the latest design in the integration of mechanical and computer systems to provide comfortable conditions for patients and workers.

Thursday, July 19, 1979 - THE NAV-A-GATOR -

# High Blood Pressure: The Silent Killer

By: ENS Robert J. Smout, USN

If you passed through the NEX Mall on the 13th of July you probably saw the free blood pressure screening conducted by the Preventative and Occupational Medicine Section of the Naval Regional Medical Center. This free service will be available again to anyone on July 31 between 9 a.m. and 3 p.m.

High blood pressure, or hypertension, can be a dangerous condition which can lead to cardiovasuclar disease and stroke. Consequently, high blood pressure contributes to some of the leading causes of death in the United States. The following article, in two parts, concerns hypertension as disease and its treatment.

In physical terms, hypertension is defined as excess pressure on the walls of veins and arteries of the blood system. In physiological terms, this condition exists due to narrowed openings in the vessels or their inability to expand when more blood must be transported. If the pressure increases, the immediate result will be that the heart must pump harder to force a normal amount of blood through the body. This, in itself, is not serious, but when the demand on the heart and vessels becomes too great, the effects are extremely serious. Vessel walls may burst under excess pressure, resulting in heart attack, stroke, idney failure, or blindness.

It is a common misconception to think that igh blood pressure is a characteristic only of ense, emotional people in high stress jobs. In ome cases this is true, but many people fail to alize that hypertension can affect anyone, regardless of age or sex. Out of the twenty-three million Americans who have high blood pressure, barely half are aware that they have it; only one eighth of them are receiving adequate treatment. Hypertension can occur in anyone for any number of reasons: heredity, diet, smoking, alcohol, or emotional stress.



Weight, important factor



Preventive medicine



Free screening at NEX mall

High blood pressure is serious only when it is not within normal limits for a particula individual. Some people have always had high blood pressure, and for them it is normal. It is no normal for an individual to show a permanent o recurring increase from his or her normal limits. Therefore, they only way to see if you have dangerously high blood pressure is having regular checkups.

Blood pressure checkups are easy, quick, and painless. The time spent is well worthwhile: couple of minutes that could lead to the prevention of disease, stroke, kidney failure, oblindness.

Next week's issue of the Nav-a-gator will carr the final part of this article on hypertension concerning its treatment and preventative steps t be taken to reduce the possibility of developin high blood pressure.



Proper testing

Heredity . . . Diet . . . Alcohol . . . Smoking . . . Stress

Photos by NAC Lab



HM3 Larry A. Brown, USN, reenlistment. LTig Laura L. Brown, NC, USNR, was re-



Letter of commendation presented to HM2 ARIAS on 28 Jun 1979.



THE COMMANDING OFFICER NAVAL REGIONAL MEDICAL CENTER ORLANDO, FLORIDA REQUESTS THE HONOR OF YOUR PRESENCE AT THE RETIREMENT OF COMMANDER LESLIE H. TURBIVILLE, MSC, USN

AT 1930

ON 31 JULY 1979

AT THE NAVAL REGIONAL MEDICAL CENTER DINNER IMMEDIATELY FOLLOWING - NTC OFFICER'S CLUB

> TROPICAL WHITE LONG OR APPROPRIATE CIVILIAN ATTIRE

INVOCATION

CHAPLAIN TUMBLIN

NATIONAL ANTHEM

NAVY BAND ORLANDO

OPENING REMARKS

CAPTAIN ZIMBLE COMMANDING OFFICER

#### PRESENTATIONS:

CERTIFICATE TO MRS. TURBIVILLE NRMC CERTIFICATE OF DUTY STATIONS CERTIFICATE OF MERIT FROM THE SURGEON GENERAL LETTER FROM THE CHIEF, MEDICAL SERVICE CORPS RETIREMENT CERTIFICATE SPECIAL PRESENTATION

REMARKS

COMMANDER TURBIVILLE

COLORS:

COLOR GUARD HM2 JENKINS, HM3 PORTER, HM3 MARTIN

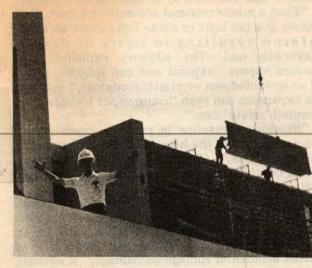
COMMANDER TURBIVILLE PIPED OVER BOATSWAIN BMCM WESENBERG

#### SIDEBOYS:

LT BLACK CDR LOAR LT CRAFTON CDR YOUNG LT DOE LCDR ARMSTRONG LT ELSTER LCDR BEENE LT GARMS LCDR MITCHELL LT MANLEY LCDR MOORE LT ROSENBAUM LCDR ROY (honorary) LT ULCICKAS LCDR SALEKER

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If you passed through the NEX Mall on the 13th of July you probably saw the free blood pressure screening conducted by the Preventative and Occupational Medicine Section of the Naval Regional Medical Center. This free service will be available again to anyone on July 31 between 9 a.m. and 3 p.m.

High blood pressure, or hypertension, can be a dangerous condition which can lead to cardiovasuclar disease and stroke. Consequently, high blood pressure contributes to some of the leading causes of death in the United States. The following article, in two parts, concerns hypertension as disease and its treatment.

In physical terms, hypertension is defined as excess pressure on the walls of veins and arteries of the blood system. In physiological terms, this condition exists due to narrowed openings in the vessels or their inability to expand when more blood must be transported. If the pressure increases, the immediate result will be that the heart must pump harder to force a normal amount of blood through the body. This, in itself, is not serious, but when the demand on the heart and vessels becomes too great, the effects are extremely serious. Vessel walls may burst under excess pressure, resulting in heart attack, stroke, tidney failure, or blindness.

It is a common misconception to think that igh blood pressure is a characteristic only of ense, emotional people in high stress jobs. In ome cases this is true, but many people fail to alize that hypertension can affect anyone, regardless of age or sex. Out of the twenty-three million Americans who have high blood pressure, barely half are aware that they have it; only one eighth of them are receiving adequate treatment. Hypertension can occur in anyone for any number of reasons: heredity, diet, smoking, alcohol, or emotional stress.



Preventive medicine

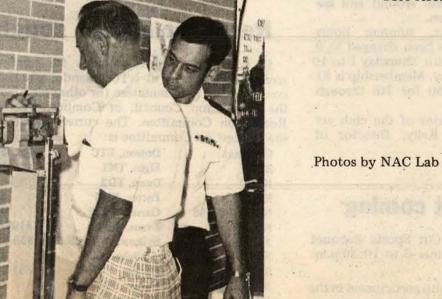


Free screening at NEX mall

High blood pressure is serious only when it is not within normal limits for a particular individual. Some people have always had high blood pressure, and for them it is normal. It is not normal for an individual to show a permanent or recurring increase from his or her normal limits. Therefore, they only way to see if you have dangerously high blood pressure is having regular

Blood pressure checkups are easy, quick, and painless. The time spent is well worthwhile: a couple of minutes that could lead to the prevention of disease, stroke, kidney failure, or blindness.

Next week's issue of the Nav-a-gator will carry the final part of this article on hypertension, concerning its treatment and preventative steps to be taken to reduce the possibility of developing high blood pressure.



Weight, important factor

Proper testing

Heredity . . . Diet . . . Alcohol . . . Smoking . . . Stress





VOL II No. 1 Naval Regional Medical Center, Orlando, Florida 1 October 1979

# NEW BLDG. ON COURSE TO BEING SHIPSHAPE!

By LT Robert E. Elster, MSC, USN Medical Contruction Liaison Officer

Despite the delay that Hurricane David caused the general contractor, work on our new building is going well. The majority of the exterior of the facility is complete, with only a few windows and some finishing touches on brickwork remaining. Some of the parking lots are

now paved and one of the big, yellow, front-end loaders is busily engaged in grading the ground at the front of the building preparatory to sodding that area. Those of you who are particularly tall might even have seen some of the solar collection panels being installed on the clinic area roof --

those large, wooden, crates around the building are more of the same solar panels. So with all this activity, when do we move in? The last time I wrote for "Vital Signs," the answer was an equivocal "I don't know." This time I can report a little more surely. Our best estimate now is a move-in time of late spring of 1980, probably May or June. In the next article, I'll discuss some of the considerations inherent in establishing the move-in date and how we'll actually make the move. For the remainder of this report, however, I want to discuss a few of the new systems that will be installed in our new building.

With a multi-story building, you would expect elevators for people, right? We'll have four of those, but also three more automatic elevators for supplies and food and linen. One elevator will carry clean supplies from the first floor CSR to the Operating Suite or Delivery Suite

on the second floor; the other two units will carry clean supplies, linen and food from CSR to all floors and return soiled supplies and food carts to the decontamination area in CSR.

Another system is collectively known as the medical gases system. This is a collection of

large gas tanks, a liquid oxygen tank, pumps, compressors, tubing, and outlets which will make selected gases as close as the wall in patient care areas. Depending on the area being served, any or all of the following gases may be available: oxygen, compressed air at 50 lbs., compressed air at 80 lbs., medical vacuum, nitrous oxide, nitrogen, and dental vacuum. In practical terms, this means the end of the long walks down ramps and corridors dragging those heavy and awk-ward 02 tanks. The LOX tank and cylinder tanks of other gases will be located in the small brick enclosure in the parking (continued on page 4)



Naval Regional Medical Center, Orlando, Florida

1 August 1979

# NRMC CHANGES DAS

### RETIRED



CDR L. H. Turbiville, MSC, USN



CDR C. R. Loar. MSC. USN

REPORTED

Commander Turbiville has served as Director of Administrative Services at Naval Regional Medical Center, Orlando, since May 1976.

Commander Turbiville enlisted in the Navy on 18 June 1948. During his career, he advanced through the enlisted ranks to Chief Petty Officer and was commissioned as Ensign in the Medical Service Corps on 7 October 1961. He was promoted to his present rank on 1 May 1976. Commander Turbiville has served in every facet of hospital corps from ward corpsman to independent duty. He attended Medical Administrative Technician School at Naval Hospital, Portsmouth, Virginia and Chemistry School at NNMC Bethesda.

Some of his many duty stations as an enlisted man include NTC San Diego; Naval (Continued on Page 7)

Commander Loar reported to the Naval Regional Medical Center, Orlando from the Bureau of Medicine and Surgery. At BUMED he served as the Director, Health Care Administration Division from March 1976 until the reorganization early this year. At that time, he assumed the billet of Director, Quality Assurance Division. Prior to his BUMED tour, Commander Loar served at NNMC Bethesda from 1973 - 1976. At NNMC, he served as the Regional Health Care Coordinator and Fleet Medical Liaison Officer.

Commander Loar first enlisted in the Navy on 12 January 1953. He attained the enlisted rank of Yeoman First Class and was commissioned in the Medical Service Corps on 23 August 1965. During broken service, he held various positions in the civilian health care field. He was Assis-

(Continued on Page 7)



Naval Regional Medical Center, Orlando, Florida

# Master Chief Petty Officer of the Navy Visits NRMC Orlando

Master Chief Petty Officer of the Navy, Thomas S. Crow, USN, visited the Naval Training Center, Orlando, during the period 21-24 October. NTC Orlando was the first call to a major activity for MCPON Crow since assuming his new job. MCPON Crow was accompanied on his visit by his wife, Carol, and Fleet Master Chief Morten R.

Clark, USN, of Naval Materiel Command. MCPON Crow visited the Naval Regional Medical Center on the afternoon of 22 October. Master Chief Crow toured the NRMC Annex where he was able to speak with,

not only staff members, but with some of the recruit population as well. He then toured the main hospital facility where he had the opportunity to talk to many staff members, retirees, and civilian employees. Master Chief Crow made a short presentation to the staff in the William G. Lawson Room. He outlined his goals which he hopes to accom-

plish during his tenure as the

Master Chief Petty Officer of

the Navy.



. . . with Captain Zimble



addressing staff



. . at the Annex

Photos by Ken Bumpus

Master Chief Crow presented a matter-offact, tell-it-like-itis attitude in his presentation. The Master Chief referred to some of the goals of the Chief of Naval Operations: i.e. retention, operational requirements, compensation, "A" schools, desertion, and renewed emphasis on

the role of the Chief Petty Officer. Master Chief Crow said that he fully supports the Chief of Naval Operations in attaining these goals. In his closing remarks, Master Chief Crow was complimentary of the high state of morale noted at the Naval Regional Medical Center and stated that he looked forward to a re-

turn visit on his next trip to the Naval Training Center, Orlando.

The Master Chief Petty Officer of the Navy is the Senior Enlisted Representative of the Navy and acts as the primary enlisted advisor to CNO, the Deputy CNO of

Manpower, Personnel, and training, and the Commander, Naval Military Personnel Command in all matters pertaining to both active duty and retired enlisted members and their dependents.



Naval Regional Medical Center, Orlando, Florida

1 September 1979

# A "RECORDING" RESUSCI ANNE JOINS STAFF SPONSORED BY OFFICERS WIVES CLUB

Almost everyone has had a nodding acquaintance with Resusci Anne and now, thru the extreme generosity of the Officers Wives Club of Navy Orlando, a Recording Resusci Anne has joined the staff. The presentation was made by Mrs. Charlotte Romano, President of the Wives Club. The gift was accepted on behalf of the hospital by Captain J. A. Zimble.

This electronic marvel is an advanced CPR manikin which provides extremely accurate and objective evaluation of student performance. She was created to provide a means of teaching cardiopulmonary resuscitation techniques to a higher degree of skill and effectiveness than was possible in the past.

Recording Resusci Anne is the only available teaching device by which optimal skills and performance can be trained and judged. The recording device inside the

as Captain Zimble supervises. manikin accurately registers all important resuscitative measures: Each ventilation is recorded with a curve, to show time taken to inflate the lungs, volume of each inflation as well as <u>duration</u> and <u>completeness</u> of expiration. Each <u>compression</u> is recorded with a curve to show sufficiency - or excess - of sternum depression, and duration of all phases of a compression stroke.

Instances of incorrect hand position during compression are registered as dots below compression curve peaks.

The presence of a palpable carotid pulse in the manikin is seen as a broken line across the diagram.

The strip-chart is accurately time calibrated, allowing the evaluation of

each resusitative measure in relation to time. The complete depiction of proceedings thus obtained, is easy to understand and most revealing to trainees and instructor alike.

During the actual performance, the trainee is assisted by light signals on an instrument panel mounted on a flexible post at the manikin's side, which can be seen from any angle. A green lamp lights at each suffi-Mrs Romano checks Anne's pulse cient inflation. A yellow light indicates correct heart compression, and a

red light is an indication of incorrect hand position. There is also an audible timer which helps the student obtain the correct rhythm.

Recording Resusci Anne has a carotid pulse simulator and a device to dilate and constrict the pupils. These features are also helpful in checking periodically, the effectiveness of CPR during performance.

VOL I No. 10



VOL I No. 9

Naval Regional Medical Center, Orlando, Florida

1 August 1979

# NRMC CHANGES DAS

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(Continued on Page 7)

#### JULY PERSONNEL INSPECTION

#### Noted for excellence:

LCDR F. ISAAC, MC CWO2 R. HAMBY, PA HM2 A. R. MAYO HM3 L. C. MAAHS HA R. A. DYSON

#### CONGRATULATIONS, REENLISTEES!

HM3 Dorene MORRILL, USN, on 17 July HM3 Linda R. PHILLIPS, USN, on 24 July

#### WHOOOIZZIT??



DO YOU KNOW THIS STAFF MEMBER?? (Answer on Page 8)

#### VITAL SIGNS STAFF

Editor:

HMCM(SS) R. C. Clements, USN

Managing Editor:

Mary V. Van den Heuvel

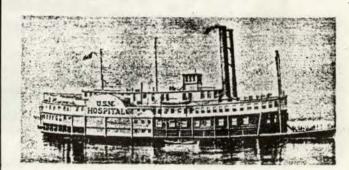
CDR N. J. Stewart, NC, USN

HM1 J. D. Campbell, USN

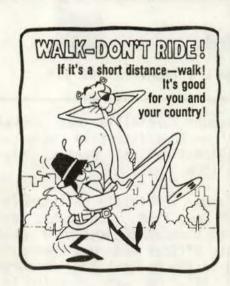
HM2 S. P. Foster, USN

HN E. Kehoe, USN

#### DID YOU KNOW .....



The Navy's first so-designated hospital ship was the Red Rover commissioned during the 1860's. The ship, captured from the Confederates, was a sidewheeler. It was converted into a hospital ship at St. Louis and was virtually a "floating palace" for its time. It had elevators between decks, fully equipped wards, well-appointed operating rooms, screened windows, and nine "water closets." The Navy's first female nurses also served aboard the Red Rover.



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Commanding Officer: CAPTAIN J. A. ZIMBLE, MC, USN Editor: HMCM(SS) R. C. CLEMENTS, USN

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VITAL SIGNS reserves the right to edit or reject copy to comply with its policy. In reprinting material appearing in VITAL SIGNS appropriate credit must be given.



By HN Eileen Kehoe, USN

#### Vandalism .... what's the cure?



HA Gary Schleman, Ward 3: If I was a victim of vandalism, I would go to the CO and press charges and ask for the maximum penalty.

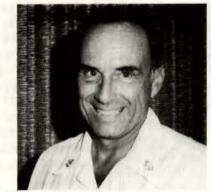








RP3 A. Wright, Chaplain's Asst., Ward 8: I do not think there can be a cure until people learn to be content with what they have and to respect the possessions of others.





Mary M. Ramsey, Wards 5/6: Home teaching and home responsibility is the only cure.







HMC B. McNamer, Radiology: The cure can be very difficult to spell out in simple terms. However, in my opinion, the "cure" should be started back when the child was 3 or 4 years old. At that age, they should be taught to respect each others property, attitudes and ideas. It is almost too late to start training an individual at 18, 25 or 30. Vandalism starts with immaturity and disrespect towards each other. Now is the time to be extreme in the punishment to curb vandalism.

#### We're Glad You're Here!

CAPT G. Frankhouser, Jr., MC, from NNMC Bethesda CDR C. Loar, MSC, from BUMED

LCDR L. Julia, MC, from Civilian Status LCDR J. Navoy, MC, from NRMC Portsmouth

LT E. Truchelut, MC, from Civilian Status LT W. House, MC, from Civilian Status

LT R. Schneider, MC, from Civilian Status LT S. Lazoritz, MC, from NRMC Portsmouth LT J. HELTSLEY, MSC, from FT Sam Houston,

Baylor University
LTJG M. Walz, MSC, from Civilian Status
LTJG S. McAnarney, NC, from OCS Newport
ENS R. Miser, NC, from OCS Newport
ENS R. Troxell, NC, from OCS Newport

HM3 M. Duch from Lowry AFB
HR B. Horner from HCS GLAKES
HN V. Nicholas from HCS GLAKES
HM2 T. Thayer from Lowry AFB
HA D. Tomlinson from HCS GLAKES
YN3 A. W. Wright from Keesler AFB
RP3 D. BRYTOWSKI from SSC, GLAKES
HN J. Rodriguez from HCS GLAKES
HM3 W. Macchi from NSHS Portsmouth
HA A. Bedashi from NSHS SDIEGO
HM2 G. Scott from NRMC Memphis
HM2 M. Snyder from Civilian Status
HR D. Desousa from HCS GLAKES
HA P. Denis from HCS GLAKES
HMC B. Bates from 2nd FSSG, FMFLANT

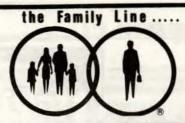
#### We're Sorry You're Leaving!

LCDR D. Harrel, MC, to NRMC Bremerton CWO2 J. Rodriguez, PA, to NRMC Subic Bay LT D. Bailey, NC, to NavHosp Rota, Spain

HM2 C. Culver to FMSS Camp Lejeune
HM2 A. Mayo to FMSS Camp Lejeune
HN T. Williams to NARMC Pensacola
HM3 E. Sanderson to AHS, Ft Sam Houston
HM2 D. Woodburn to NCS, Ponce, PR
HMCS T. Ryan to NRMC Okinawa
HM3 K. Langford, RAD
HM3 R. Frye, RAD
HM3 D. Hardin, RAD
HM2 R. Pott, RAD
HM2 R. Pott, RAD
HM1 C. Bailey, RAD
HM3 C. Bailey, RAD
HM3 C. Bailey, RAD
HM4 J. Nash, RAD

HN D. Carlson, RAD

HM3 J. Sauer, DISCH



By CAPT C. Victor Romano, MC, USNR

1 August 1979

#### ODDS AND ENDS

LT Robert Beaty, MC, USN, is a welcome addition to our Family Practice staff. He reported on board 31 July after completing his Family Practice residency training at NRMC Charleston. LT Beaty is not only reporting on board to practice medicine but has had the good fortune and common sense to marry one of our Nurse Corps officers, LT Debbie MacNamee. Congratulations, Bob, and may you have smooth sailing in both of your new assignments!

LT Aurelia Nowak, NC, USN, has also joined the ranks of the happily married by becoming the bride of Captain Tom Nugent, USN (Retired), former CO of NTEC. LT Nugent, nee Nowak, will be leaving the Navy in October. Fortunately, she intends to remain in the Reserve where her exceptional medical talents can be utilized. Hopefully, LT Nugent will be able to spend her Reserve time in Family Practice.

HN Jill Moore recently gave birth to a beautiful baby girl. Congratulations to Jill and her husband, "C.W."

A special "Bravo Zulu" to HM2 Jackson for her dedication, sincerity and patience in helping to improve the running of the clinic. At times, when other people throw up their arms, HM2 Jackson always managed to keep a smile on her face and keep things moving.

A special thanks to HM2 Cotia, who had been temporarily assigned to Family Practice, McCoy, by Recruit Training Command.

A big congratulations to our Pediatric Nurse Practitioner who has been selected for Captain. From all of us to you, Captain, Jean, a "Well Done and Good Luck."

#### NURSING

#### SERVICE

By CDR N. J. Stewart, NC, USN

(Editor's Note: CDR Stewart is presently a patient at NRMC Long Beach undergoing weight control therapy.)

#### HOSTILITY

Greetings from NRMC Long Beach! This has been a fantastic and rewarding experience. Have learned a great deal about myself as well as others. We had a lecture by Captain Hoke, Chief of Psychiatry, which I found very appropo for many of us. The lecture was on hostility.

First of all, any emotion which tends to produce intolerable tension and pressures within the human organism, is a product of wrong thinking. Any type of living, any philosophy of life, which adds to inner conflict is incorrect for the individual who harbors it.

Dr. Hoke's formula for hostility goes like this: HOSTILITY = I + S + M + A + S + H. I generates feelings of inferiority, incompetence, impotence in job as well as sex, inadequacy, insecurity, ignorance, powerlessness, helplessness, low selfesteem, decreased status, the feeling of not okay. S stands for the superiority mirage (I'm right, you're wrong), M means martyr (I'm such a nice person, why me?) ... .. needs someone else to blame. A stands for anxiety and S for suffering, sad, self-centered (what we call here, the pity pot). H means hostility. The hot form of hostility is an individual out pounding people. The cold form of hostility is in the form of resentment or turning anger inward. Hostility usually travels in a spiral. I generates hostility in another, hostility generates a feeling of inferiority in another and so forth.

So how should we cope with our hostility or criticism? There are a few things we need to remember: I am a fallible human being; my being self is unratable; my being self needs no defense; I am who I am.

Strategy: Listen - because of our ego, many times we do not hear, we feel what is being said. Acknowledge the truth/facts. Truth contents vary. It can be 100% true; it can be part true/ part false - 1-97%; or it can be 0% true. When a person is 100% true, just let them know that what they say is right, agree with them. If someone says something false about you, respond to the part that is true or comment that what they say is "partly true," "possibly true" or even "perhaps you are right." If someone says something that is 0% true, be patient with the person, because they usually believe their statement to be true. There is some underlying reason why a person would make a completely untrue statement and the reason may not be evident. Do not become upset or angry with the person until you can ascertain why the person is making an untrue statement. Just remember, when we get upset and disturbed by actions of others, the tension is within ourselves.





#### \*\*\* THANKS \*\*\*

Thanks to those who returned the survey/information sheets. Response was not as good as hoped for -- only a third returned their sheets.

Captain's Call on 10 July wasn't as good as previous ones. Only three questions were submitted. I received several very good questions on the survey/information sheets that I will submit for next Captain's Call.

Due to low attendance and vacation time, the In-House Program for August has been cancelled. The next program will be on 11 September 1979.







Shipmate

HMCM(SS) R. C. Clements, USN



Chaplain's Comments

By LCDR W. E. Tumblin, CHC. USN

#### WHAT PRICE LOVE?

Bennett Cerf tells the story of a young man in Java who spied a beautiful maiden on the high road and followed her. After awhile the beautiful maiden became aware the man was following her and she stopped, turned, asking: "Why do you dog my footsteps?" He replied, "Because I am madly in love with you. You are the loveliest woman I have ever seen. Be mine." She responded, "But you merely have to look behind you and see my younger sister who is ten times more beautiful than I." The gallant cavalier turned and saw as ugly a wench as ever drew breathe in Java. "What mockery is this?" he demanded. "You lied to me!" "So did you," she replied. "If you were so madly in love with me, why did you turn around?"

Loving God supremely is the great commandment of the Bible. This commandment, the foundation of Judaism and Christianity, faces head-on our most basic bias. For human nature is promiscuous in faithfully loving God. We spread ourselves thin when we attempt to relate to God. It's the old approach frequently seen by self-medicators, "If one is good, then more must be better." Faith in one God does not come naturally or easily anywhere upon this planet. Only through perceiving the revelation of God can we crash this bias. We usually switch rather than change our biases.

Living in a world filled with religious slogans, talk shows, and super slick salesmen makes one realize that God-talk can be cheap. Loving God supremely is costly. Jesus reveals the truth of costly love. He linked love of God with obedience to his teaching in John 14:23-24. Faithfully, lovingly binding up the casualties of life is one of the essence of costly love. To serve others is to recognize that one God who is larger than our solitary lives.

#### LAB LINE

By LCDR J. D. Cotelingam, MC, USNR

1 August 1979

We bid farewell to LCDR Eng W. Moy. and wish him the very best in his new assignment at NRMC Portsmouth. aboard in August to replace him will be LT Louis McCann, and LCDR Paul Martel. We welcome them, and also the other medical personnel who have recently joined us.

The new Technicon 15 Multichannel Blood Group System is now operational in the RIF Laboratory and handles a workload of 800 specimens per week. Qualitative abnormalities (G6-PD and Hbs) continue to be simultaneously determined.

Special endocrine tests previously read at a local civilian Lab will now be processed at Bioscience Labs (Van Nuys, CA). A result turn around time of at least 5 days may be anticipated.

With the breakdown of our existing (and well worn!) electrophoresis system (Hb and Protein), all routine samples will be processed at neighborhood military labs at no cost to us. It would therefore help to have urgent specimens specifically marked as such. Procurement of a new Corning Electrophoresis System with improved capabilities is under consideration.

Our new O&P collection kits are now available in all clinics, wards and RIF. Please call in for early replenishments. Adequate patient instructions on collection technique by the originator, remains a significant requirement.

Capabilities for estimation of Urine and Serum Osmolality exist in the chemistry lab. However, a turn around time of at least 1 hour is to be expected on the first specimen, pending instrument calibration.

#### Family Line "QUOTES"

"Perhaps there is not enough Navy in the 'new' Navy."

C. Victor Romano

1 August 1979

(Continued from Page 1) Commander Turbiville

Hospital, San Diego; Naval Hospital, Houton; NAS Memphis; USS REPOSE (AH-16); USS LST - 799; USMC I & I Staff, Oshkosh, WI: USS BEXAR (APA-237), USS JEFFERSON (LST 845), USS NOBLE (APA-218), and Naval Station Sangley Point.

He attended OCS at Newport, served as Chief of Security at Naval Hospital, Portsmouth and NNMC Bethesda: Medical Administrative Officer, MCAS, Iwaukuni, Japan; CIC, Gulfport, Mississippi; Patient Affairs Officer, USS SANCTUARY (AH-17); and as Personnel Officer at NRMC Portsmouth.

Commander Turbiville will reside in Austin, Texas, after retirement.

#### (Continued from Page 1) Commander Loar

tant Director, University of Florida Teaching Hospital and Clinics, and Assistant Professor, Health and Hospital Administration. Subsequently, he was Administrator and Executive Vice President at the Baptist Medical Center, Princeton in Birmingham, Alabama. While in Birmingham, Commander Loar was appointed an Adjunct Associate Professor, School of Health Services Administration, University of Alabama, and the George Washington University. He currently is serving as Preceptor for the U.S. Army - Baylor University Graduate Program in Health Care Administration.

Commander Loar, a native of Ashland, Kentucky, is married with four children. He received a Bachelor of Science Degree from Marshall University, Huntington, W.V. and a Masters of Business Administration from the University of Florida. He is a Fellow in the American College of Hospital Administrators and currently serves as the Navy Representative to the Regent at Large.

Commander Loar has been awarded the Navy Achievement Medal and the Meritorious Service Medal.













During my tenure as Command Master Chief, there are three goals I would like to accomplish: improve retention, enhance educational awareness and establish better communication within the enlisted ranks.

Master

Retention of the highly qualified, and outstanding performer is the number one priority in the Navy today. It is the responsibility of all supervisors to motivate their personnel toward considering a Navy career. This can be accomplished by counselling, seeking out those who desire greater responsibilities and promoting job satisfaction.

Educational benefits in the Orlando area are unlimited. Required courses for military and professional advancement and other Naval correspondence courses can be ordered through PSBO at NTC. There are a number of colleges available, on and off base, which provide a wide variety of degree programs. The Campus for Achievement office at NTC has a complete list of available courses. During a normal tour at NRMC, one could obtain at least an Associate Degree -- some have qualified for their Master's Degree. Improving your educational background is a must in this technical era. Advancement and job opportunity are greatly improved through additional education.

Everyday I hear members of our command say, "I did not get the word." There are many official means of communicating information: The POD, Instructions and Notices, PA system, beeper system, radios, etc. -- but how effective are they if we don't read or listen! The bulletin board section in the POD provides a variety of information and, once weekly, an addendum for NRMC sports activities is published. Major command evolutions are announced over the PA system. Ask questions, listen to announcements, read all available official publications and YOU WILL GET THE







By CAPT J. A. Zimble, MC, USN

I had the very good fortune to spend this past weekend with a small but mighty contingent from NRMC, ably supported by a NRDC component. The Hospital #1 slow pitch team (the NTC Orlando Champions) fought for the Area IV. South Atlantic Region title during a gruelling two-day marathon. It was a double elimination tournament with the Key West and Homestead championship teams. As a result of an unlucky draw and an incredibly unfortunate juxtaposition of wins and losses, the iron men of NRMC/NRDC wound up playing all of the five games, three on Saturday and two on Sunday, for an impressive take of 35 innings in the Florida sunshine, while the ultimate winner (Homestead) was fortunate enough to play only one game Saturday and two on Sunday.

Hospital #1 played inspired ball and demonstrated commendable team spirit, enduring sweltering heat and marked fatigue. Were the game schedules better spaced, I expect Hospital #1 would be heading for further competition in Charleston.

My good fortune in being with this team, however, had nothing to do with the scores; rather, with the remarkable sense of team spirit and the total commitment to the best interests of the team which each member displayed. It is the same spirit I have noted with all of the other team activities at NRMC.

This weekend my buttons popped, not because of my yet out-of-Navy-specs waist-line, but because of distinct pride in those who represented the command so well. In my perception, each teammate is a winner and deserves a hearty BRAVO ZULU!







CRA NOTES



By Joyce Sienia

The CRA's Lucky 13 Party was a sensational success! Everyone had a great time. Our thanks to LT Manley for the delicious pizzas.

The winning numbers for the door prizes were:

Ticket 530431 for \$20.00 530501 " 15.00 530519 " 10.00

This fall, the CRA would like to present another function. What we need is a suggestion from you. We would especially like to hear from you who haven't attended any of our functions. Give your suggestions to your CRA representative.

#### Birthdays

CRA BIRTHDAY GREETINGS TO: Oliver Bellamy and Lester Moody on 2 Aug; George Houk on 3 Aug; Shirley Graham and Anne Swartout on 7 Aug; William Walker on 7 Aug; Henry Lewis on 10 Aug; Patricia Johnson on 16 Aug; Judith Brooke and Ida Weining on 17 Aug; Mary DeJulio on 19 Aug; Ronald Johnson on 21 Aug; Annie Myers and Dorothy Pompey on 23 Aug; Charles Watson on 26 Aug; Angeline Derby and Dolores Thompson on 27 Aug; Mildred Mansfield on 28 Aug; William Martin on 29 Aug; and Barbara Cheney on 31 Aug.

#### WHOODIZZIT?



Carolyn M. Smith

Appointment Desk, Outpatient Service

NRMC's Federal Women's Program Manager



VOL II No. 1

Naval Regional Medical Center, Orlando, Florida

October 1979

## NEW BLDG. ON COURSE TO BEING SHIPSHAPE!

By LT Robert E. Elster, MSC, USN Medical Contruction Liaison Officer

Despite the delay that Hurricane David caused the general contractor, work on our new building is going well. The majority of the exterior of the facility is complete, with only a few windows and some finishing touches on brickwork remaining. Some of the parking lots are

now paved and one of big, yellow. front-end loaders is busily engaged grading in the ground at the front of the building preparatory to sodding that area. Those of you who are particularly tall might even have seen some of the solar collection panels being installed on the clinic area roof --

those large, wooden, crates around the building are more of the same solar panels. So with all this activity, when do we move in? The last time I wrote for "Vital Signs," the answer was an equivocal "I don't know." This time I can report a little more surely. Our best estimate now is a move-in time of late spring of 1980, probably May or June. In the next article, I'll discuss some of the considerations inherent in establishing the move-in date and how we'll actually make the move. For the remainder of this report, however, I want to discuss a few of the new systems that will be installed in our new building.

With a multi-story building, you would expect elevators for people, right? We'll have four of those, but also three more automatic elevators for supplies and food and linen. One elevator will carry clean supplies from the first floor CSR to the Operating Suite or Delivery Suite

on the second floor; the other two units will carry clean supplies, linen and food from CSR to all floors and return soiled supplies and food carts to the decontamination area in CSR.



Another system is collectively known as the medical gases system. This is a collection of

large gas tanks, a liquid oxygen tank, pumps, compressors, tubing, and outlets which will make selected gases as close as the wall in patient care areas. Depending on the area being served, any or all of the following gases may be available: oxygen, compressed air at 50 lbs., compressed air at 80 lbs., medical vacuum, nitrous oxide, nitrogen, and dental vacuum. In practical terms, this means the end of the long walks down ramps and corridors dragging those heavy and awkward 02 tanks. The LOX tank and cylinder tanks of other gases will be located in the small brick enclosure in the parking (continued on page 4)

1 October 1979

#### SEPTEMBER PERSONNEL INSPECTION

#### Noted for excellence:

LCDR C. CARLTON LCDR B. GUY LT R. ELSTER LT S. CONDIE

HMC J. EDGMON HMC R. EDMONDSON HM1 J. HARMON HM2 D. FORD HM2 A. FERGUSON HM2 J. FAUSSET HM3 J. DARNELL HM3 C. BOCKRAND

#### **WHOOOIZZIT??**

HN G. BESSING

HM3 S. ALFIERI



DO YOU KNOW THIS STAFF MEMBER?? (Answer on Page 8)

#### VITAL SIGNS STAFF

Editor: HMCM(SS) R. C. Clements, USN Managing Editor: Mary V. Van den Heuvel CDR N. J. Stewart, NC, USN HM1 J. D. Campbell, USN HM2 S. P. Foster, USN HN E. Kehoe, USN

COMPTROLLER NOTES . 5

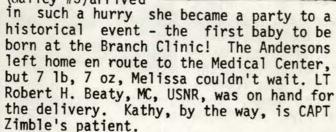
1 October 1979

#### DO YOU THINK YOU HAVE A PROBLEM WITH A MONTHLY ELECTRIC BILL??????

You are probably tired of listening to the pleadings to conserve on electricity in your work area and probably you have expended more effort to conserve at home than at work. Receiving the monthly bill at home is ample motivation toward the conserving of electricity. But what about the bill at the Medical Center? In 1973 we used enough kilowatt hours to run up a bill of \$83,000. In 1979 we are using about the same amount of electricity but it will cost \$178,000! Staggering? You bet! So how about doing your share and really helping us to conserve and lower the electric bill!

#### IT" WAS A FIRST AT FAMILY PRACTICE BRANCH CLINIC! "IT" WAS --MELISSA!

Melissa, daughter of MSSN Jim and Kathy Anderson. (Galley #3) arrived



Melissa makes it a four generation family on Kathy's side: Melissa, Kathy, Kathy's mother, Arnita Berry, and Kathy's grandmother, Farisa Everman.

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> Commanding Officer: CAPTAIN J. A. ZIMBLE, MC, USN Editor: HMCM(SS) R. C. CLEMENTS. USN

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# PAGE RAMP

By HN Eileen Kehoe, USN

#### What are you going to do with your 7% pay raise?



Jean Devinny, Admin Services: The cost of living has already done it!



Marlene Lopez, NRMC Annex: My husband is in the military so together we will get 14%. I think really and truly what we will do with it, will be to save it.... if we can. As soon as the military gets a raise, the price goes up on everything! I have seen this happen



HM1 B. Nachimson, Patient Affairs: Pay my higher taxes!





HM3 H. T. Frank, NRMC Annex (Optometry): Put it right in the bank.



for the last 19 years.







HM2 M. Snyder, Human Resources: I am probably going to be giving it right back! Between my wife's cost of living increase and mine, we are being pushed up into a higher tax bracket.



Jim Matthews, NRMC Annex: I think it is great getting 7% as compared to the 5.5% we got last year -- but we are not really getting a raise. When we got the 5.5% raise, inflation was running 8% leaving us about 2.5% behind. This year, inflation is 13% -- so we are even further behind. But, I have to admit, the 7% will





help. Every little bit helps!

HN S. J. Wakefield, Preventive Medicine: Buy a stamp and send Congress a nasty letter. The stamp will cost a little more than the pay raise they are going to give us so I will probably have to take a little out of my regular pay check to get it.



HM3 M. C. Tinney, NRMC Annex (Recruit Sick Call): Use it to compensate for the 13% inflation rate.

# **NEW BUILDING**



Main Entrance - South side

(Continued from page 1)

lot by the Medical Support Logistics Building; the compressors and the vacuum pumps are already in position in the Boiler-Generator building. The pressures and conditions of the gas systems will be centrally monitored, and local alarms at points of use will alert the staff to low pressure.

The last system to describe is the EMCS (Energy Monitoring and Control System), a highly, sophisticated computerdriven system designated to operate the building's mechanical and electrical systems without the normal intervention of maintenance personnel. The system will be programmed to shut down air conditioning to areas which will be unoccupied



East end - Loading Docks



Ambulance Entrance - Northwest side



Clinic Area - West side



Solar Panels on Clinic Area roof



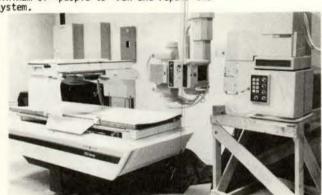
Northeast side

Photos by Ken Bumpus

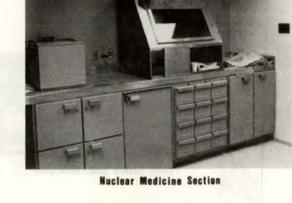
# SHAPING UP!

**VITAL SIGNS** 

overnight or on week-ends; it will then adjust the demand on the central air conditioning units and turn on only those units which most efficiently support the building demand. The central computer unit will also be capable of keeping all our records of preventive maintenance on all machinery in the hospital, from the big chiller units and large fan motors down to the thermostats in the offices. The records we now keep by hand on Medical Repair's preventive maintenance programs can also be added. Although few of us, working in the hospital, will ever see the EMCS or directly experience its actions, it is expected that this system will enable us to run the new building efficiently and comfortably and yet use a minimum of people to run and repair the system.



One of the X-ray rooms



Emergency Room check-in desk



Laboratory



A typical clinic check-in desk



One of the Air Handling Units - 3rd floor

Photos by Ken Bumpus

SUPPLEMENTAL PAGE B



# ZIMBLE'S 1979



The Skipper gets fed .... this time!

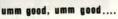




I see ... I see!







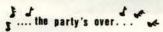




.....and the beat goes on.









A "cute" minor care person!



It pays to advertise!





Send US the bill!



# FALL FOLLIES!

1 October 1979



rare - medium - well ..... sung to the tune of "Smoke gets in your eyes!"





United we stand .....







hams . . . not on the menu!









Mom Porter and her kids!



Easy Rider



Over 500 staff members attended the 1979 Zimble's Fall Follies to make it the most successful staff-get-together in years! There are many, many, people to thank for their tremendous efforts exerted to make this fun-filled, action-packed picnic the success it was. We don't have enough space to mention them all, but we certainly must acknowledge the marvelous music by "The Flagship" - from the U.S. Navy Band, and the hard working staff from Food Service headed by LT Manley: HM3 Strickland, HM3 Kuchan, Arthur Baley, Francis Reilly, Albert Larrivee, Ulysses Hood, and William Taylor.

# **CFC Drive Starts**

# 1 October

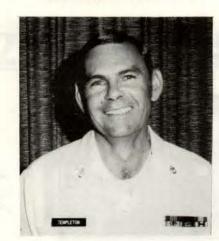
The Combined Federal Campaign Fund Drive will kick off 1 October. All staff members are encouraged to donate their fair share portion for the fund drive.

LCDR Larry Johnson, MC, Family Practice Service, has been appointed as the chairman of the Combined Federal Campaign Fund Drive for NRMC Orlando. LCDR Johnson will appoint key members to solicit contributions from all staff members. Further details of campaign activities will be published when available. All staff members are encouraged to participate.

NRMC Orlando's goal - \$17,000.



#### HMCS Templeton Assumes Duties of Admin Asst to DAS



Effective 24 September, HMCS David Templeton, USN, relieved HMCM(SS) Robert C. Clements, USN, as the Administrative Assistant to the Director, Administrative Services. Senior Chief Templeton reported aboard for duty 17 August 1979 for his second tour at this command. He served as the Leading Chief Petty Officer in the Pharmacy, Naval Hospital, Orlando, from 1970 to 1973. Prior to reporting here, Senior Chief Templeton served at the Naval Weapons Center, China Lake, CA.

# INTRODUCING ..... THE

# "GREEN STAR SISTERS" CHEERING SQUAD!



Front, left to right: Lora Sparks, Selinda Dally, Alethia Wright. Back: Emily Brewer, Cathy Moody, Shelia Jackson. Not pictured: Wanda Anthony, Candie Mulligan, and Pam Hill.

Take: One, super-charged Hospital Foot-ball Team.....

Add: The "Green Star Sisters" Cheering Squad.....

Result: Football Fever!

Cure: Come out and spend an exciting evening, watching, cheering and encouraging our team as they play in the Commander's Cup Touch Football League!!

The gals, resplendent in their colorful green and white uniforms, are working on their cheers to LEAD YOU and INSPIRE OUR TEAM.

#### NURSING

1 October 1979

#### SERVICE

By CDR N. J. Stewart, NC, USN

"The person who makes no mistakes does not usually make anything."

Edward Phelps

In my time as a supervisor, I've had many occasions to talk with and counsel folks who have made errors requiring incident reports. When an error occurs, a curb must be put on the natural tendency to look for a scapegoat. The person making the error has usually already put themselves down unmercifully. Some mistakes can't be repaired so instead of blaming yourself or others, accept the incident and use it as an occasion for careful examination of everyone's work habits. Many people can benefit from the error.

People who stand still may avoid hurting themselves but they don't make much progress. The more a person does, the more mistakes they are apt to make. No one likes to make mistakes.... anyone worth their salt wants to avoid errors. People are not bad or inferior because they made a mistake; rarely are they made on purpose.

When errors do occur, don't chalk yourself up to a complete loss -- stay off that pity pot. Just remember you are human and to err is human. When we do very human things, we should not punish ourselves but accept our humanness. We should use the occasion to learn something from it that will sharpen our judgement the next time. Mistakes are painful, but can also be very instructive.

We should gear all our energy toward finding out how and why the error happened and how it can be prevented in the future. There will be no energy left for blaming.

"An error doesn't become a mistake until you refuse to correct it." Orlando Battista

44 - 99 44 - 99 44 - 99

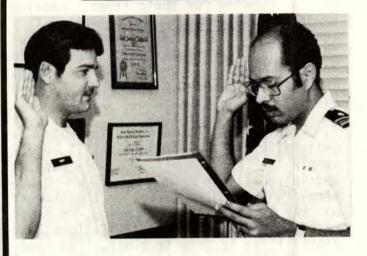
"Sometimes we may learn more from a person's errors than from their virtues."

Henry Wadsworth Longfellow

"To err is human, but when the eraser wears out ahead of the pencil, you're overdoing it."

Josh Jenkins

#### HM1 T. R. Groff Reenlists



LCDR R. E. Baez, Jr., MC, USN, administers the reenlistment oath to HM1 Terry R. Groff, USN, Operating Management Service. Petty Officer Groff reenlisted under the Guard III program with guaranteed duty with First Marine Brigade, Kaneohe, Hawaii. Petty Officer Groff will be transferred 18 October.



CAPTAIN'S CALL - 16 OCTOBER - 1330 - ON WARD 17. The success of this meeting depends on YOU! SUBMIT QUESTIONS - ATTEND - TAKE PART! This program is presented ESPECIALLY FOR YOU!!!!

The Tri-Command Federal Women's Program, held on 13 September was an informative session on vocational areas and courses open to women. Representatives from three local colleges were the guest speakers.

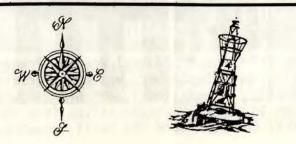


Chaplain's Comments

By LCDR W. E. Tumblin, CHC, USN

#### WHAT DO YOU DO WITH . . . .

- 1. People nobody wants? By foot and by boat thousands of Laotians, Cambodians, and Vietnamese are fleeing genocide, literally running for their lives. Leaving behind their meager possessions, they seek to save only their lives. Many put to sea in tiny boats, only to be turned back out to sea in overcrowded Malaysia. But will they have a future in which to pursue life?
- 2. People who are aged and infirm? Occasionally we see seriously ill, older people in our hospital. They pose a special challenge to us as a military command. "What kind of future do they have?" we may ask ourselves. Coming to grips with their hopes, fears, limitations, and disabilities is easy to avoid. One leading theologian, Dr. Seward Hilner of Princeton Theological Seminary, says that "the tendency to deny, evade, or otherwise fail to take seriously the confrontation of the aging process.... is either first or second on the list of 'repressed' but vital concerns in our present culture."
- 3. The teaching of Jesus? Matthew 25:35 records the response of the Heavenly Father to those who stand to possess the Kingdom of Heaven: "I was hungry and you fed me, thirsty and you gave me a drink; I was a stranger and you received me in your homes, naked and you clothed me; I I was sick and you took care of me, in prison and you visited me." (TEV). But the rub comes five verses later. "I tell you, whenever you did this for one of the least important of these brothers of mine, you did it for me!"



LAB LINE

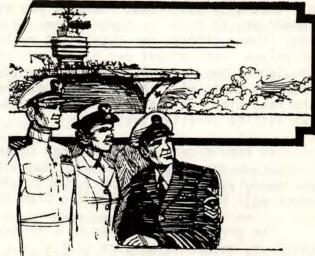
By LCDR J. D. Cotelingam, MC, USNR

1 October 1979

#### TIME FRAME ON SPECIMEN TEST RESULTS

The central objective of a service laboratory is to receive, interpret and report on specimens, in a rapid, accurate and precise manner. To ensure this objective, numerous variables interact. These include a choice of the most meaningful test procedure, specimen quality, accurate timing, use of the optimum container and additive, legible handwriting, signature on chits, and pertinent clinical information. Moreover, your quality control of appropriate requisitioning in the STAT, ASAP, RUSH and ROUTINE time frames is valuable. While STAT requests take precedence over all other ongoing tests, ASAP's are reported usually within the hour. Conversion of routine requests to a STAT or ASAP status for convenience or administrative reasons, defeats the system, and both impairs and delays service in other critical areas. Your cooperation will certainly do much to help us help you and the patient.

# NAVY BIRTHDAY 13 October 1979



Two Hundred Four Years of Service



## Master Shipwreck

HMCM(SS) R. C. Clements, USN

#### COMMUNICATIONS

It is an everyday occurrence that someone complains that they do not get the word. Communicating to a large staff or group of people who are geographically separated, is inherently one of management's most difficult problems.

Whether communicating orally, in writing or on a public address system, the receiver of communication only hears or reads information that is of interest to him or can be of some value to him. The success of the person transmitting communications is gauged on how well the receiver accepts and stores the information. Be a good listener and reader.

Here, at NRMC, there are various means of communicating information to the staff: public address system, radio communications, beeper transmitting system, Plan of the day, instructions and notices, memorandums, and presentations at various staff conferences and meetings. Every staff member is requested to read and listen at every opportunity. When information received is not clear, questions or explanations should be requested to insure that the information is fully comprehended. "The only stupid/dumb question is the question that is not asked."

Chiefs of service, supervisors, and enlisted advisors are asked to transmit information to personnel under their cognizance after attending meetings or receiving written directives; however, the bottom line on communicating information in the Navy has been, and will be, through the scuttlebutt lines. So talk to your shipmates.

PISCAL YEAR 1980

#### We're Sorry You're Leaving!

LT D. Jones to NRMC Philadelphia HM1 T. Groff to 1st Marine Brigade, Kaneohe, HI

HM3 J. Fadden on separation leave

HM3 M. Milburn to civilian life

HM3 C. Gil to civilian life

HM3 C. Bockrand to civilian life

HM3 J. Leggett to NavSta Keflavik

HM2 A. Ferguson to 1st MarDiv,

Camp Pendleton

#### We're Glad You're Here!

CDR R. Gold, MC, fm NNMC Bethesda
LCDR P. Martel, MC, fm NNMC Bethesda
LT S. Pollard, NC, fm NRMC Memphis
LT W. Miller, NC, fm NavHosp Rota
LCDR L. Scheve, NC, fm USNA Annapolis
ENS R. Haas, NC, fm NETC Newport
LTJG S. Gerlach, NC, fm NNMC Bethesda
LT C. Bolet, MC, fm NNMC Bethesda
LCDR J. Sutphin, MC, fm NRMC SDIEGO
LT S. McMullen, NC, fm University of
South Carolina

LT G. Oswald, NC, fm NRMC Portsmouth LT B. Fieldman, MSC, fm NRMC Long Beach LT G. Noss, NC, fm NRMC Camp Lejeune

LT R. J. Russ, NC, fm NavSta Keflavik

HMCS D. Templeton fm China Lake, CA HMCS H. Malenofski fm USS OKLAHOMA CITY HM3 K. Poirier fm NSHS SDIEGO

HM3 J. Thompson fm NSHS Portsmouth

HM3 M. Peterson fm NSHS SDIEGO

HM3 J. Kuchan fm TPU, GLAKES HR M. Dinardo fm HCS GLAKES

HN N. Mayhew fm NRMC Annapolis

HN L. Sparks fm HCS GLAKES

HM3 D. Richardson fm 2nd MarDiv, Camp Leiuene

HR A. McCray fm NSHS SDIEGO





By CAPT J. A. Zimble, MC, USN

Q: Will we ever move out of these buildings which are just about falling apart and into the new hospital?

(Signed) Impatient

A: Dear Impatient:

Your question is most appropriate for this issue of Vital Signs. I admit I share your impatience. The answer is, "Yes, and soon!" As you are probably aware, the original date for beneficial occupancy of the replacement facility was March 1979, a date which has come and gone! The article in this edition of Vital Signs should give you an adequate update of present progress towards our shared goal of the grand opening of a modern medical center and attendant to that function, the presentation of our present edifices to the National Historical Landmarks Society.

I would like to offer one note of caution, however. Although medical care delivery is certainly enhanced by sophistacated buildings and equipment, it is the dedicated efforts of the medical care providers that makes for its quality. That fact is readily corroborated by the excellent care our patients receive in these World War II remnants.

Please don't forget that behind and beneath the maze of electronic cables, the array of strategically placed tubes, and the profusion of mechanized devices, there lies a flesh and blood patient who requires in addition to state-of-the-art technology, the human art of demonstrating concern, the art of attending to your patient.

As a member of the NRMC staff, you are a medical professional. No matter what your role on the medical team, you must recognize that your attitude toward a patient, family, and friends represents part of the treatment. When you communi-

cate your genuine desire to help, your sincere sympathy, and your willingness to provide comfort, you have enhanced your patient's ability to respond positively to therapy.

The loss of a patient's human dignity occasioned by illness, by IV's, respirators, catheters, and bed pans, and by the myriad daily discomforts ranging from unpalatable diets to intractable pain can be markedly compensated by your empathy. It is not enough, however, that you want to help; you must show the patient that you want to help.

You have a commitment to providing care. Your evidence of concern toward your patient's well-being may be the first step toward making him well. Your satisfaction in achieving that objective may keep you well.

CRA BIRTHDAY GREETINGS TO: Emily Pirtle and James Wilson on 4 Oct; William Giba on 6 Oct; George Walton on 8 Oct; Linda Andersohn and Catherine Davidson on 10 Oct; Joyce Hawkins on 12 Oct; Harriette Cutrell on 13 Oct; Beacher Skeens on 16 Oct; Margaret Castrianni on 17 Oct; Lois Ziglar on 19 Oct; Mary Davis on 20 Oct; Jane McCrea on 21 Oct; Robert Waldron and Jerome Walker on 22 Oct; Richard McGuire, James McIntyre, and Minnie Tyron on 27 Oct; and Patricia Horn on 28 Oct.

#### WHOOOIZZIT?



It's Joe Callender, Supervisor of the Inhalation Therapy Branch of Anesthesiology Service. Joe served with the U.S. Navy as a Hospital Corpsman at Naval Hospital, Orlando, from 1971 to 1974. After release from active

duty, he worked as the Head of Inhalation Therapy Department at the Good Hope Hospital at Irwin, NC. He returned to NRMC Orlando, as a civil service employee in February 1975. Joe is single and hails from Indianapolis, Indiana.



VOL I No. 10

Naval Regional Medical Center, Orlando, Florida

1 September 1979

# A "RECORDING" RESUSCI ANNE JOINS STAFF SPONSORED BY OFFICERS WIVES CLUB

Almost everyone has had a nodding acquaintance with Resusci Anne and now, thru the extreme generosity of the Officers Wives Club of Navy Orlando, a Recording Resusci Anne has joined the staff. The presentation was made by Mrs. Charlotte Romano, President of the Wives Club. The gift was accepted on behalf of the hospital by Captain J. A. Zimble.

This electronic marvel is an advanced CPR manikin which provides extremely accurate and objective evaluation of student performance. She was created to provide a means of teaching cardiopulmonary resuscitation techniques to a higher degree of skill and effectiveness than was possible in the past.

Recording Resusci Anne is the only available teaching device by which optimal skills and performance can be trained and judged. The recording device inside the

manikin accurately registers all important resuscitative measures: Each ventilation is recorded with a curve, to show time taken to inflate the lungs, volume of each inflation as well as duration and completeness of expiration. Each compression is recorded with a curve to show sufficiency - or excess - of sternum depression, and duration of all phases of a compression stroke.

Instances of incorrect <u>hand position</u> during compression are registered as dots below compression curve peaks.

The presence of a palpable carotid pulse in the manikin is seen as a broken line across the diagram.

The strip-chart is accurately time calibrated, allowing the evaluation of

each resusitative measure in relation to time. The complete depiction of proceedings thus obtained, is easy to understand and most revealing to trainees and instructor alike.

During the actual performance, the trainee is assisted by <u>light signals</u> on an instrument panel mounted on a flexible post at the manikin's side, which can be seen from any angle. A green lamp lights at each sufficient inflation. A yellow

supervises. light indicates correct heart compression, and a red light is an indication of incorrect hand position. There is also an audible timer which helps the student obtain the

correct rhythm.



Mrs Romano checks Anne's pulse as Captain Zimble supervises.

Recording Resusci Anne has a carotid pulse simulator and a device to dilate and constrict the pupils. These features are also helpful in checking periodically, the effectiveness of CPR during performance.

#### AUGUST PERSONNEL INSPECTION

#### Noted for excellence:

LT M. E. WILLIAMS, MSC, USN LT H. QUILES-QUINONES, NC, USN LTJG E. A. NIEC, MSC, USN

HMC H. H. ROLLEN, USN

HMC J. E. STOCKBERGER, USN

HMC G. TURNER, USN

HM1 D. M. WELSH, USN HM3 W. J. MAND, USN

HN D. S. DOMBOS, USN

HN E. KEHOE, USN

HN J. P. MOSER, USN

\*\*\*\*\*\*

#### WHOOOIZZIT??



DO YOU KNOW THIS STAFF MEMBER?? (Answer on Page 8)

#### VITAL SIGNS STAFF

Editor:
HMCM(SS) R. C. Clements, USN
Managing Editor:
Mary V. Van den Heuvel
CDR N. J. Stewart, NC, USN
HM1 J. D. Campbell, USN
HM2 S. P. Foster, USN
HN E. Kehoe, USN

#### FWPM Receives Letter



Photo by NTC Lab Captain Zimble presenting VADM Arentzen's letter to Carolyn N. Smith

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Carolyn N. Smith, Federal Women's Program Manager for Naval Regional Medical Center, recently received a Letter of Appreciation from the Surgeon General of the Navy, Vice Admiral W. P. Arentzen, MC, USN.

The letter was in recognition of Carolyn undertaking the responsibilities of the FWP in addition to her full time position in the Outpatient Service. The letter, quoted in part, read: "The significance of your organizational efforts to upgrade, motivate, and support your fellow workers is appreciated. Without your dedication, this special-emphasis program could not succeed. You are encouraged to continue your noteworthy accomplishments toward the goals of Equal Employment Opportunity."



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Commanding Officer: CAPTAIN J. A. ZIMBLE, MC, USN Editor: HMCM(SS) R. C. CLEMENTS, USN

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# RAMP PAGE

**VITAL SIGNS** 

By HN Elleen Kehoe, USM

#### HUMAN RESOURCE MANAGEMENT SURVEY

#### HOW WILL IT BENEFIT US?



1 September 1979

HM3 A. Matthews, Urology Clinic: Better communications between the staff.... between the higher up people and the lower ranking personnel. And there will be more changes.



HN L. Davis, Ward 4: It was an objective survey but I haven't been at this command long enough to evaluate all the questions on it and to answer them. When the results come out, I should learn a lot about the command.





ATCS C. Reymolds, HUMRESMAN Det. Mayport: First, the survey has enabled people to give feedback all the way up to the CO.... how they feel about the command, their supervisor, the people they work with and special programs that might be involved. In October we will come back, after we have analyzed the data, and give feedback to the CO and all supervisors. We will teach them how to read the survey and how to use it as a management tool to bring about changes... hopefully, changes for the better.



A. Swartout, Outpatient Svc: I really was not terribly impressed. Some of the questions seemed to be repeated 10 or 12 times --- just reworded. I really think if they took a personal poll they could find out almost exactly the same thing.... it seemed like an expensive thing to do. I don't know what will come of it -- except possibly better feelings with regard to the military.



HN C. Gerdes, Family Practice: I hope when the survey comes out they will look at the results and maybe talk to the supervisors -- but I don't think it will happen. I think the results will come back and stay at the front office with Captain Zimble and not come back to each different clinic.

HM2 N. Singleton, Pharmacy: I felt that many of the questions on the survey were inconsequential as to the problems of this command. I would hope that the questions pertaining to this command would help the command to better their relations with the enlisted personnel and also the civilian personnel and have a greater understanding of everybody's needs.



HM2 D. Ford, ENT Clinic: To find problem areas within the chain of command; to hopefully achieve better unity among the upper and lower ranks; to weed out the bad people and permit a more professional working atmosphere.



Jean Thomas, Patient Affairs: I hope a lot of the morale problems will be solved and working conditions will be better. I don't think Captain Zimble can understand and realize all the problems that exist and maybe this survey will help him see what's happening.





Charles Moore, Operating Mgmt Svc: I think the survey was very good. It was needful. It gave everyone an opportunity to express their opinions on various categories. As a personal benefit, I felt that I had the freedom to express what I thought about various things at this command. I think it will give the people over the command an awareness of what each individual had to say -- whether it be good or bad.



HM3 C. Bockrand, Ward 7: I hope people will listen more to the problems of the people who work for them and try to do something more about it and take a personal interest Margaret Caldwell, LPN, Ward 10: Well, for one thing, I hope it will be encouraging to the supervisors who are really trying and I think they are. I think it will be helpful in an educational way also.



By CAPT C. Victor Romano, MC, USNR

#### FURTHER YOUR EDUCATION

In April of this year, I had the privilege of attending the graduation ceremonies at Florida Southern College, Lakeland, at the invitation of several people assigned at NRMC. Not only do I know these individuals as members of our NRMC family, but as students taught by me in the capacity of Professor of Anatomy and Physiology. I felt a sincere pride and admiration when their names were called by the president of the college and their diplomas were handed to them. These individuals took advantage of the many educational opportunities afforded them in Central Florida, to aid them in their future endeavors. Some of these individuals plan on attending medical school, others intend to apply for OCS, and others, just to satisfy themselves. The importance of further education in preparing for your future cannot be overemphasized. I feel strongly that when an education of an individual ceases, his maturity stagnates and he no longer can be a viable force to himself or to society.

Self-improvement can make a great difference in your future whether you decide to make the military your career or enter the civilian sector. Start now to make your plans for additional education... it may not seem important now but in the future, it may be one of the most important decisions you ever made. If you have questions or need advice as to what you should do, seek out your division officer, or the educational service officer, or the Navy Campus for Achievement at NTC. They can help you and quide you on the right path.

To quote an individual who has written many books on the subject of education and self-improvement, Mr. Michael Korda, "The keys to success are clear: Never refuse a new responsibility; never be afraid to take a risk, always look like a winner; and stop feeling guilty about your own ambition." The decision rests with you. Take advantage, be smart, be educated, be productive, and be selfsatisfied.

\*\*\* Family Line "QUOTES" \*\*\*

"The superior man .... does not set his mind, either for or against anything; what is right he will follow."

CONFUCIUS

1 September 1979

#### SOMEBODY NEEDS YOU!

Red Cross.

Neighbor. The Red Cross is looking for volunteers to work at various areas throughout the hospital as well as the Blood Bank. Whatever amount of your time you can devote to the hospital, will be greatly appreciated by patients and staff. Call Pat Discus, Jean Wilson or Ruth Rodriquez at 646-4654. Don't wait... join the team today!

#### CONGRATULATIONS



.... to HM3 John W. Leggett, III, USN, who reenlisted under the Guard III Program. Petty Officer Leggett is presently assigned to the Outpatient Administrative Services and will be transferred in September to Naval Station, Keflavik.

#### NURSING

#### SERVICE

By CDR N. J. Stewart, NC, USN

#### LEADERSHIP

On making rounds along the ramp on my first day back to work, the hustle and bustle of excitement seems to stem around the Human Resource Management Survey. Each individual had a different interpretation of the purpose of the survey. Hopefully, this was cleared up for them in the pre-test explanation. However, some people thought they were to evaluate the command, others their work group, and others their immediate supervisor. They were all right -- there were questions geared toward all those. There was one particular comment made by several individuals who thought that "If you are rated high by your juniors, it means you aren't doing your job." This comment concerns me if it is the consensus.

President Eisenhower had a knack for looking at people with a smile and getting them to do what he wanted. One of our NRMC very senior leaders has that same admirable quality. In my humble opinion, its a good quality to have. A friendly, likeable leader is much more persuasive than one who isn't. There is nothing better than a pleasant, good natured approach to people's problems. We often, under pressures of our jobs, take ourselves too seriously. We tend to think of our own feelings and problems and forget about those of other people. Some think being gruff and grumpy makes them appear firm and decisive. However, one can be just as firm, decisive, and convincing with a smile on his face as he can with a frown. One's message will be perceived by the listener much more readily in a pleasant or neutral atmosphere rather than one which is non-friendly or threatening.

If we all would just ponder periodically and list some of the qualities we admire in leaders we have encountered and would like to emulate, it would probably resemble these: someone who takes a

friendly, pleasant approach; someone who is approachable and easy to talk with; someone who doesn't let a few problems poison their entire outlook; someone who will remain calm or rarely fly off the handle; and someone who shows consideration for the feelings of others.

It is not pleasant to work for disagreeable, grouchy leaders. Their attitudes are bound to create feelings of distaste and resentment which will, sooner or later, have an adverse effect on performance.

So you folks out there dealing with others -- stop, think and remember that when it comes to working with people, there are very few things that can't be done better with a pleasant approach and a smile on your face.

#### CONGRATULATIONS



\*\*

.... to HMC R. P. Edmondson, USN, on his recent promotion to Chief Petty Officer. Chief Edmondson is assigned to the Occupation and Preventive Medicine Service.

\*\*\*

who recently was elected Vice President of the Florida Tumor Registrar's Association. The election of officers was held at the annual meeting and workshop in Sarasota, Florida, August 15 - 17. Pat has worked as a Tumor Registrar for a total of 11 years at NRMC Orlando and USAF Medical Center, Scott AFB, Illinois.

By LCDR W. E. Tumblin, CHC. USN

#### Soul Filling Place

When Adam first stumbled out of the Garden of Eden he remarked to Eve. "My dear, we live in an age of transition.' That feeling of living in a world of change and restlessness goes back a long way.

A wit writing in the Hamilton, Texas Herald-News several years ago observed, "Two-thirds of the nation now lives in or near big cities. It is our opinion that the other third are on the expressways looking for an exit."

Ceaseless activity, busyness, and seven days per week economy characterizes our life in today's world. We find it hard to sing, "Slow down, you're going too fast" when behind the wheel of a car. We eat more meals in "fast food" restaurants than anywhere else except those we hurriedly gulp down in our homes. We demand service, pronto, when shopping, recreating, and seeking medical care. And the fevered tempo of modern life adds to the threats of extermination amassed against soulfulness, reducing people to bodies.

Emily Herman observed, "Every soul that is truly alive has a garden of which no other holds the key; and in hours of weariness, when it is breathless with the hot race of life, and harassed by a babel of voices, it slips through the gate and walks at peace among the flowers.'

Isaiah affirms that "Thou wilt keep him in perfect peace, whose mind is stayed on thee: because he trusteth in thee." I, for one, doubt that we can or will greatly change our way of living unless we do so from within, joyously, and with a circle of friends to help us along. How long has it been since you experienced the gladness of an invitation to "Let us go into the house of the Lord?" How long since you extended one to a friend?

#### LAB LINE

By LCDR J. D. Cotelingam, MC, USNR

1 September 1979

#### GTT

Unmasking the early metabolic phase of diabetes mellitus by induced carbohydrate stress is not controversial, although diverse opinions exist concerning the test of choice. Admittedly, not all hyperglycemics are diabetic, nor are all diabetics hyperglycemic. We believe that a GTT is not indicated in a fasting, resting patient with a plasma glucose greater than 130mg%, and in fact, continuation of the GTT can be dangerous. In such a person, a 2 hour post prandial study will readily confirm or refute a diagnosis of diabetes. Besides the value of the 2 hour post prandial as a screening and confirmation device, it has been used to monitor insulin requirements and places less stress than the 3 hour GTT on the moderate and severe diabetic. With detection of fasting hyperglycemia beyond 130mg%, please expect to be asked to reconsider conversion of the GTT request to a 2 hour post prandial. The 3 hour GTT is recommended when the fasting blood sugar is normal and when post prandial values are below 200mg%. Fasting blood sugar values increase with advancing years. Therefore, to figure norms above 50 years, add 10mg% per decade to the upper limit (our range 60-114mg%). Fasting values below 40 and above 450 are considered "panic values," and will be called in to the originator.

The 5 hour GTT should be considered mainly in suspected hypoglycemic states, and is not being offered in previously confirmed diabetics, or as a screening device. The GTT is not a walk-in test and must be scheduled 3 days in advance.

Finally, blood glucose homeostasis is multifactorial, accounting for the notorious lack of reproducibility in both diabetic and normal subjects.



#### We're Sorry You're Leaving!

LT D. L. Bailey, NC, to NavHosp Rota HMC G. L. Williams separation leave and transfer to Fleet Reserve

HM1 R. A. Sitgreaves to VS-22, Cecil Field

HM1 J. L. Dubose to NSHS Portsmouth

HM2 B. F. Jenkins to NavSta Keflavik

HM3 L. A. Brown to FMSS Camp Lejeune

HM3 J. C. Drennon to civilian life

HM3 W. Morrill to NRMC Okinawa

HM3 D. Morrill to NRMC Okinawa

#### We're Glad You're Here!

CAPT J. Boorstin, MC, from NavHosp Corpus Christi

LCDR J. Navoy, MC, from NRMC Portsmouth LCDR G. L. Robb, MC, from NRMC San Diego

LT D. Thomas, MC, from USS SHREVEPORT

LT R. Beaty, MC, from NRMC Charleston

LT L. S. McCann, MC, from NRMC San Diego LT D. L. Tuskey, NC, from NRMC, Phila-

delphia LTJG G. Holeman, NC, from NRMC.

Corpus Christi HM1 B. Nachimson from 1st MarDiv.

Camp Pendleton HM1 J. A. Harmon from NRMC Oakland

HM2 R. L. Casto from NRMC Camp Lejeune

HM2 E. J. Davison from NOSA, Yorktown

HM3 M. Porter, from NARMC Pensacola HM3 J. Scavuzzo from PS Det. SDIEGO

HN M. Pfohl from NARMC Pensacola

HN J. Ruiz from HCS GLAKES

HN W. Tomlinson from HCS GLAKES

HN J. Butler from NRMC Anapolis

HA D. Fisher from HCS GLAKES

HR S. Campbell from HCS GLAKES HR M. Burls from NSHS SDIEGO

#### DISNEY WORLD SPECIAL



Walt Disney World is offering Armed Forces Days Special tickets for \$7.95 each for members of the armed forces. civilian employees, and families. Price includes unlimited use of Magic Kingdom attractions during normal operating hours except for Shootin' Gallery, Discovery Land and River Country. Get your ticket today from HMC Stockberger.



## Master Shipmate

HMCM(SS) R. C. Clements, USN

#### ENLISTED PERFORMANCE EVALUATIONS

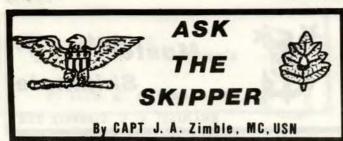
The enlisted performance evaluation is the most important document in a members service record. The evaluation report has traditionally been used to document performance trends and to determine eligibility of members for advancement, reenlistment, honorable discharge, good conduct awards and selection for special programs. More recently, the evaluation has been utilized by various selection boards which review enlisted service records in order to select members for advancement, continuation on active duty, appointment to warrant or commissioned status, assignment to special duties and for selection to attend special educational programs. Additionally, the evaluation report is reviewed for adverse or potentially adverse content for a possible action by the Petty Officer Ouality Review Board.

All regular enlisted performance evaluations are prepared on an annual basis. Special reports of enlisted performance evaluations are submitted at a time other than when regular reporting is required.

All enlisted personnel are afforded the opportunity to submit information to their reporting officer which they believe should be included in the evaluation report. Example: Out service educational achievement, community involvement, or special accomplishment not known to the Navy.

All enlisted personnel are required to review and sign their evaluation prior to final disposition. It is imperative that each member ensure that his/her evaluation is correct in all respects.





O: Last Thursday I took another one of many surveys which I have been asked to take over the years. Is anything going to come of all this effort or is it just another futile paperwork exercise?

Signed - cynical staff member

A: Dear Cynical:

Thank you for your timely question. You have hit upon just the subject which I was going to address in this issue of Vital Signs.

The survey you just completed is the Navy's Human Resource Management Survey which was administered by the Human Resource Management Detachment, CINCLANT FLT. The survey which is specifically designed to measure this command's organization examines such areas as command climate, supervisory leadership, peer leadership, work group processes, satisfaction, training and equal opportunity.

I was pleased to learn that during the survey week, 78% of the military and civilian members of NRMC Orlando participated in the survey and that the overall attitudes of the participants were most favorable.

The results of the survey will be available in early October. Hopefully, problems, as well as the ways and means to correct them, will be identified. It is my intention to give all work groups feedback from this survey and ask that they actively participate in problem solving. The end result should thereby be a grass-roots' development of a meaningful Affirmative Action Plan. Additional anticipated spin off should include enhanced communications up and down the line and personnel satisfaction leading to more efficient, quality medical care and increased retention of quality members of the medical care team.

I offer my appreciation to all for your cooperation in taking this survey and my sincere thanks in advance for your cooperation at the upcoming workshops. I trust the outcome of this project will convert NRMC Orlando's cynical staff member from cynic to advocate.

J. A. ZIMBLE



#### CRA NOTES



By Joyce Sienia

As a civilian employee, you and your immediate family are entitled to blood when needed. Blood Bank Charter Members voted to provide coverage to all civilian employees and family members living in the same household. When an employee or eligible family member needs blood, a call to Civilian Personnel is all that is required. Simply supply the name of the person needing the blood, the name of the hospital and, if known, the name of the attending physician.

#### Birthdays

CRA BIRTHDAY GREETINGS TO: Robert Byrd on 3 Sep; Doreen Lett and Hannah Shavell on 4 Sep; Carl Caldwell on 5 Sep; Eloise Bailey on 7 Sep; Joel Lamar and Charles Moore on 8 Sep; Patricia Barbour on 9 Sep; Sarah Tober on 12 Sep; Virginia Gilbrook Penny Hawthorn and Ruth Strait on 13 Sep; Frederick Jones on 15 Sep; Marie Fox and Ida Strike on 22 Sep; Jeanne Cepeda on 23 Sep; Eleanor Stetson on 24 Sep; Joyce Dover on 25 Sep; Arrie Barnes on 28 Sep; and Mary Goad on 29 Sep.

#### WHOOOIZZIT?



HM3

James R. Martin,

USN

Laboratory Service



<u>VOL II No. 2 Naval Regional Medical Center, Orlando, Florida</u>

1 November 1979

# Master Chief Petty Officer of the Navy Visits NRMC Orlando

Master Chief Petty Officer of the Navy, Thomas S. Crow, USN, Nava1 visited the Training Center, Orlando, during period 21-24 October. NTC Orlando was the first call to a major activity for MCPON Crow since assuming his new job. MCPON Crow was accompanied

on his visit by his wife, Carol, and Fleet Master Chief Morten R. Clark, USN, of Naval Materiel Command.

MCPON Crow visited the Naval Regional Medical Center on the afternoon of 22 October. Master Chief Crow toured the NRMC Annex where he was able to speak with, not only staff members, but with some of the recruit

population as well. He then toured the main hospital facility where he had the opportunity to talk to many staff members, retirees, and civilian employees. Master Chief Crow made a short presentation to the staff in the William

G. Lawson Room. He outlined his goals which he hopes to accomplish during his tenure as the Master Chief Petty Officer of the Navy.



with Captain Zimble



addressing staff



. . . at the Annex

Photos by Ken Bumpus Master Chief Crow presented a matter-of-fact, tell-it-like-it-is attitude in his presentation. The Master Chief referred to some of the goals of the Chief of Naval Operations: i.e. retention, operational requirements, compensation, "A" schools, desertion, and renewed emphasis on of the Chief Petty

the role of the Chief Petty Officer. Master Chief Crow said that he fully supports the Chief of Naval Operations in attaining these goals. In his closing remarks, Master Chief Crow was complimentary of the high state of morale noted at the Naval Regional Medical Center and stated that he looked forward to a re-

turn visit on his next trip to the Naval Training Center, Orlando.

The Master Chief Petty
Officer of the Navy is the
Senior Enlisted Representative of the Navy and acts as
the primary enlisted advisor
to CNO, the Deputy CNO of
Manpower, Personnel, and
training, and the Commander, Naval
Military Personnel Command in all

training, and the Commander, Naval Military Personnel Command in all matters pertaining to both active duty and retired enlisted members and their dependents.

# There is a "new arrival" at NTC -an exciting, new, home visiting program for parents with very young children. This program comes to your home -- no packing up the children and going off to

This program comes to your home -- no, packing up the children and going off to some other area. The home visitor comes to you with toys, materials, and ideas. Mrs. Ariela Rodriguez, ACSW, Program Director, needs both volunteers to be trained as home visitors and families interested in becoming a part of the Parent to Parent Program. Please call Mrs. Rodriguez at either 857-3280 or 646-5185.

Parent to Parent Program

Veterans Day

12 November 1979

#### WHOOOIZZIT??



DO YOU KNOW THIS STAFF MEMBER?? (Answer on Page 8)

#### VITAL SIGNS STAFF

Editor:
HMCM(SS) R. C. Clements, USN
Managing Editor:
Mary V. Van den Heuvel
CDR N. J. Stewart, NC, USN
HM1 J. D. Campbell, USN
HM2 S. P. Foster, USN
HN E. Kehoe, USN

# FEDERAL WOMEN'S PROGRAM By Carolyn Smith, NRMC'S FWPM

Could you save your child's life? If in doubt, come to the next In-House Program. LCDR Carlton will be the guest speaker on CPR, a subject of interest to both male and female personnel. FWP is not just for women, so I hope to see a good representation of our male employees. The meeting will be held on Tuesday, 13 November, at 1330 on Ward 17.

A question was asked at Captain's Call pertaining to car pools. For those interested, a Central Car Pool Directory is located at Civilian Personnel Office. To submit your name and information, call Ext. 4514.

#### OCTOBER PERSONNEL INSPECTION

#### Noted for excellence:

CDR J. WILLS LCDR N. R. MAZZONE LCDR B. S. THOMAS LT W. M. MILLER LT R. E. ELSTER LT E. H. MANLEY LT D. H. ROSENBAUM DPCS W. T. MORAN HMC B. R. BATES HMC R. W. MOORE HM2 S. MITCHELL HM2 R. G. CRUZ RP2 A. L. WRIGHT HM3 W. J. MAND HM3 J. A. DARNELL HM3 R. J. CARREROSUNE HA D. M. SMITH

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Commanding Officer: CAPTAIN J. A. ZIMBLE, MC, USN Editor: HMCM(SS) R. C. CLEMENTS, USN

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VITAL SIGNS reserves the right to edit or reject copy to comply with its policy. In reprinting material appearing in VITAL SIGNS appropriate credit must be given.

#### 1 November 1979

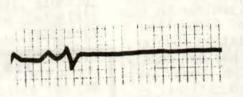


VITAL SIGNS

By HN Eileen Kehoe, USM

# What if it were you on a Life Support System . . . . . ?







HN L. Sparks, Ward 10: God gives life and God should be the one who takes it away.

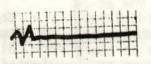


HN M. Pearce, Ward 10: If there were enough evidence that my condition was terminal, then I would want them to turn it off.



D. Pritchett, RN, Ward 9: If I had a flat line EEG and the doctors felt I had a poor prognosis, I would say "pull the plug." From there, it's in God's hands. Look at the Karen Quinlan story. They never thought she would make it after the plug was pulled; but, she did!

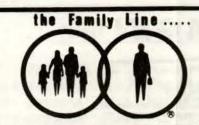






M. Lovejoy, HumResManSvc: I think the family suffers the most and I wouldn't want my family's grief prolonged. I would want them to pull the plug.

MM1 J. Huggins, Security: I have the right to live and so I have the right to die. I do not believe in prolonging death.



By CAPT C. Victor Romano, MC, USMR

#### ALCOHOL REHAB CENTER, JAX

For two weeks during September, Captain Sandri, LCDR Baez, and I, had the privilege of attending a seminar on the "Treatment and Prevention of Alcoholism," at the Alcohol Rehabilitation Center, Jacksonville, Florida. It was our unanimous opinion that those two weeks were one of the most rewarding educational experiences we have participated in during our medical career. The personnel associated with the Alcohol Rehabilitation Center, for the most part, have been through the program for either alcohol, drug abuse, or a weight problem. They have undergone the treatment successfully and have now devoted their lives and career to assist other unfortunate individuals in achieving the path back to a near normal life. The dedication and enthusiasm, along with their compassion and total commitment to the program, only tends to enforce our already high opinion we have for them.

During the two weeks, each of us became a member of a specific group; and, as such, we became a viable instrument in adding to patient treatment. Once the confidence and trust of the group was obtained, you were no longer the student but an important member deeply concerned with the well-being of these unfortunate individuals. It may sound strange to those who have not had the privilege to attend this worthwhile course but one actually begins to love every individual in his group. It is this strong emotional feeling and desire to help that welds the group into a strong viable force of action.

The two weeks go by very quickly and on your day of commencement from training one experiences a feeling of ambivalence. We were both happy and sad at the end of those two weeks -- happy knowing we have helped some in fulfilling recovery; and

sad knowing there was some unfinished business in each of our groups. For those who have been through this course they will know the feeling of which I speak; and for those who have not had the opportunity or desire I can only suggest you attend. Speak to those who have gone to the ARC, Jacksonville, for the two weeks and returned with the same feelings I have just mentioned. Not only will you be a better person upon your return, but an individual able to be more compassionate to those less fortunate patients who are afflicted with alcohol/drug related infirmities.

#### Family Line "QUOTES"

#### CREDO FOR AA

"God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference."

St. Francis Assisi

1 November 1979

# "Uncle Jack" Rosen . . . . . . . . . Caricaturist Extraordinarie!



Picture courtesy WDBO Channel 6

"Uncle Jack" Rosen, noted caricaturist from Brooklyn, New York, recently made his annual visit to NRMC Orlando to entertain patients and staff. Sharing his skill at drawing caricatures to the obvious delight of each subject, "Uncle Jack" provided "therapy" of long lasting value. His genuine concern for others and his wonderful talent, is not only an expression of kindness but a measure of a man we can all admire and emulate. Thanks, "Uncle Jack!"

### LAB LINE

By LCDR J. D. Cotelingam, MC, USNR

#### A Profile of Thyroid Function

By LCDR P. Martel, MC, USN, and LCDR J. Cotelingam, MC, USNR

Quantitative assessment of thyroid function has always been complicated. The basal metabolic rate measured the resting body's total energy consumption but could not distinguish the effect of thyroid hormones from other metabolic influences. Besides, it was terribly difficult and time consuming. Since the BMR went out of fashion, thyroid function testing has concentrated on measuring and interpreting the serum concentrations of the thyroid hormones T4 (thyroxine) and its scarcer, but more potent, co-hormone and metabolite T<sub>3</sub> (triiodothyronine), plus their controlling pituitary hormone TSH (thyroid stimulating hormone). We measure these by radioimmunoassay.

Normal TSH levels exclude the hypothalamus and pituitary as causes of thyroid dysfunction. A pure T<sub>3</sub> disorder (T<sub>3</sub> thyrotoxicosis) exists but is rare. T<sub>3</sub> is also used therapeutically. Hence, we offer an RIA determination of serum T<sub>3</sub> through an outside laboratory, but do not perform one ourselves as part of a routine thyroid profile. In practice, then, most testing here and elsewhere uses some function related to T<sub>4</sub> level as an index of thyroid activity.

Here we encounter a complication: 99.96% of all circulating T4 (and 99.6%

of T<sub>3</sub>) is bound to serum proteins, yet it is only the tiny fraction of unbound hormone that is metabolically active. Furthermore, the levels of the various proteins that bind T<sub>4</sub> (and T<sub>3</sub>) are highly variable, even in normal people. If we cannot measure the unbound hormone directly (which is possible but difficult), we need some parameter based on the thyroxine binding capacity of the serum proteins to relate total T<sub>4</sub> and free T<sub>4</sub>. We use a measured entity for the purpose known, unfortunately as the T<sub>3</sub> uptake, abbreviated T<sub>3</sub>U.

The designation T<sub>3</sub>U is unfortunate because it does not measure T<sub>3</sub>. Radioactive (125<sub>I</sub>-labelled) T<sub>3</sub> is used to measure unoccupied T<sub>4</sub> binding sites on serum proteins. T<sub>3</sub> is chosen because it has much less affinity for these proteins than T<sub>4</sub>, and so will not displace T<sub>4</sub> that is already bound.

The patient's serum is incubated with an excess of labelled T3, a fraction of which gets bound to vacant sites on binding proteins. The remaining labelled T3 is then bound by a resin which is then removed and its radioactivity measured. The results are expressed as "% uptake"—the fraction left to the resin. The higher the resin uptake, the fewer vacant binding sites on the protein.

One final interpretive step is taken. The total T4 and the T3U are plotted on a nomogram which expresses the mathematical relation between T4, T3U and free thyroxine. A pure, dimensionless number, called the free thyroxine index (FTI), is read off. An FTI below normal range indicates hypothyroidism, one above normal range hyperthyroidism.

THE FOLLOWING TABLE LISTS THYROID TESTING INFORMATION THAT MAY BE USEFUL:

TSH (Abbot Kit)  T3U (I125)  T3 (RIA)  T4 (solid phase, RIA) NRMC/Monday  Free T4 (RIA)  NRMC/Monday  NRMC/Monday  NRMC/Monday	1 day \$1.00 1 day \$1.00 -4 wks. (Cost effectiveness under study) 1 day \$1.00 1 day \$1.00 2 days \$5.00 12 days (\$100.00-not recommended routinely) nic, please contact HMC Nanni at 646-4853.
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SUPPLEMENTAL PAGE B

#### MCPON CROW



MCPON Thomas S. Crow welcomed aboard NRMC by Captain Zimble and C/MC Clements.



1 November 1979

.... and by Commander Loar.



.... and by Captain Johnson.



Visiting the ER.





At the NRMC Annex.



Better to watch.... than receive!



Recruits' viewpoint.

Photos by Ken Bumpus

# TOURS NRMC



With the Human Resource Management Service.



Presenting HM3 I. Martinez his jogging Certificate



.... with the Preventive Medicine Technicians.



.... on Ward 10.



.... on Ward 9.



HM2 G. Milano welcomes MCPON Crow to NRMC Annex Lab



A less serious side on Ward 10!

Photos by Ken Bumpus

## Air Force Veterinarian · · · a part of the NRMC Team!

Scott J. Swerdlin, DVM, Capt, USAF, VC

The Orlando Naval Regional Medical Center, Veterinary Service mission covers many areas of responsibility and provides substantial benefits to active duty and retired military personnel. The Veterinary Service is divided into two major areas, Veterinary Public Health and Animal Clinical Services.

Our foremost mission at NTC is food inspection. Orlando Veterinary personnel inspect an average of 2.4 million dollars worth of food per month. We insure that the food at your commissary is wholesome. Any food products that are used in the galleys, exchange facilities and hospital is inspected for your protection. In addition, we routinely survey food storage facilities and make recommendations to food facility managers in the utilization of subsistence to prevent deterioration. Veterinary inspectors save the government thousands of dollars monthly, insuring that contractors meet weight and contractual requirements. This in turn results in substantial savings to the consumer and quality assurance. To be a good veterinary technician, you must have a bit of Ralph Nader in you. Veterinary Public Health personnel have also been involved in food service sanitation. This is to insure the safe sanitary storage, preparation, and service of food. Another vital service for consumer protection.

Animal Clinical Services is truly a military benefit, but the paramount function is prevention of zoonotic diseases which severely effect man. Zoonotic diseases (diseases which are transmissible from animals to man) include rabies, toxoplasmosis, psittacosis, brucellosis, sarcoptic mange, cutaneous and visceral larval migrans, and ringworm, just to name a few! According to the World Health Organization, zoonoses comprise the most significant group of communicable diseases and there are at least 180 diseases within this classification.

In effect, we are providing limited outpatient care to personal pets of active duty and retired personnel as time permits. Please realize that our unquestionable mission is that of food inspection. A priority system exists with active duty receiving first priority, secondly dependents of active duty, and thirdly retired personnel. Animals are seen on an appointment basis only. We will attempt to provide outpatient medical care to include vaccinations, internal and external disorders, preventive dentistry and surgical services for neutering (or spaying) a limited number of animals. If we are unable to provide you with an appointment, I would like to recommend utilizing the services of a civilian veterinarian. For continuity and complete medical care for your pet, a civilian veterinarian can offer many services which time and personnel limitations prevent us from providing.

The veterinary clinic charges a fee for its services which funds the cost of drugs, expendables and our receptionist's salary. The Animal Clinic is affiliated with Recreational Services and excess funds are utilized for recreation. We hope to provide a preventive medicine program for the health of your pet and your family. It is our pleasure to be here to serve the United States Navy and your family.

#### We're Sorry You're Leaving!

To be Released	from Active Duty
LCDR J. Chairo, MC	CWO2 R. Hamby, PA
HM2 M. Anderson	HM2 C. Summitt
HM2 R. Knight	HM2 J. Fausset
HM3 R. Desomma	HM3 P. Gearhart
HM3 T. Shaw	HM3 G. Hallum
HM3 R. Shearer	HN M. Utzinger
HN K. Ramaley	HN G. Doran

#### Transfers

LT T. Badger, NC, to HCS GLAKES
LT C. Williams, NC, to NRMC Naples
LT H. Quiles, NC, to NH, Roosevelt Rds
HM1 J. Campbell to NRMC Japan
HM2 J. Santiago to NSHS Bethesda

HM3 J. Caracappa to NOSA Yorktown

HN D. West to AHS Ft Sam Houston

NURSING

1 November 1979

#### SERVICE

By CDR N. J. Stewart, NC, USN

#### LET'S STOP BLAMING OTHERS

The only way it's going to get better for us is when we get better ourselves. That is one of the philosophies at the Alcohol Rehabilitation Center in Long Beach. With the right attitude, we can do the most amazing and remarkable things under the most difficult and impossible circumstances. Our attitude is the beginning, the opening, the mechanism that turns on and off the flow of ideas that can develop our lives. It takes in, digests, uses or rejects and decides how you feel about what you know. Attitude is the command station -- it is where we decide if we will learn or not, change or not, try or not. It's our attitude that says look closer or don't look at all, tell me or I don't care to know, smile or sneer, accept or argue, admit or lie, respond or let it slide. It's attitude that has our eyes take pictures, our consciousness to develop those pictures, our minds to understand them, the heart to respond and the body to act. Attitude determines our worth. We need to develop our attitudes into strong, inspiring, responsive, and selective mechanisms.

Not everyone has the opportunity to work through the Rehabilitation Program but there are certain behaviors we can work on ourselves. We can make our attitudes a searcher after truth, a believer in growth, an experience of love, a developer of communication and a selector of ideas; and, we can make our own attitude the Commander-in-Chief of our own destiny. It is our life government, the executive for administration, the legislator for our decisions and judicial to either condemn or pardon. The day that changed my life was first an attitude change when my legislator decided to do something about my self concept. Anyone who is willing to change, can; but, you have to decide for yourself that you want things to change and be willing to pay the price -- the price of trying, listening, reading, daily discipline, intellectual effort and mental labor. You have to be willing to invest some real, conscious, personal, effort in a brand new future but remember, there are two painful feelings we all have to experience. We can escape one but not the other. One is the pain of discipline and the other is the pain of regret. I'm more than happy to bear the pain of discipline -- it only weighs ounces. The pain of regret weighs tons.

It is sad but there are some people right here at NRMC who will never know the great kind of person they could be just because they don't stop long enough to listen and try. Are you one of these people?

#### We're Glad You're Here!

CDR E. R. McDonough, MC, from civilian status

LT S. P. Snell, NC, from NRMC Portsmouth LT J. O. Vineyard, III, MSC, from NavSubMedCen Groton

LTJG A. H. Gross, MSC, from civilian status

LTJG P. J. Baker, MSC, from civilian status

LTJG S. W. Tudhope, NC, from OIS Newport ENS S. P. Alford, MSC, from NSHS Bethesda

ENS L. G. Smirle, NC, from OIS Newport ENS M. E. Porterfield, NC, from OIS Newport

HMC A. Phillips from NATO HOTRS, Naples HMC P. Granados from NavSta Keflavík

HM1 A. Washington from 2nd MarDiv,

Camp Lejeune

HM2 A. Bergamo from NRMC Guam HM3 R. Smith from NRMC Okinawa

HN J. Dewar from NSHS Bethesda

HN L. Schultz from NSHS Bethesda

HR E. McMillion from NSHS San Diego HN T. Milfeld from NAVAEROSPMEDINST

Pensaco1a

HN G. Mariott from HCS GLAKES

HN S. Beaulieu from HCS GLAKES

HN R. Cockman from BR CL Quantico

HA Y. Demery from HCS GLAKES HA A. Bonner from HCS GLAKES

HA B. Chow from HCS GLAKES

HA R. Parvatikar from HCS GLAKES

1 November 1979

#### Page C

Chaplain's

By LCDR W. E. Tumblin, CHC. USM

#### HOW DO YOU SPELL RELIEF?

Day-to-day living for most of us these days can hardly be described as carefree, fulfilling, or wonderful. Not too many people I meet feel full of wonder, joy, and accomplishment every day. Neither do I. For stress, disappointment, disease, and accident all contribute to making life a pressure-cooker for most of us. And to make some sense out of what is happening to us, within us, and because of us, we believe.

Believers all, we take many stances when up against the realities of our lives. To escape into fantasy in order to derive some fun, pleasure, and relief is good for us all. To live that way, however, is to miss much of life. To escape into the style of the future is emerging as one response to the hypernostalgia for the past that some live out. But some reject escapist beliefs. A new intensity - seeking - feeling - acting style looms large for those under thirty. Mastery of aspects of life lends credence to belief that one is in control of all of life. And for a people who sense that physical, economic, political, and social forces have wiped us slick, we long for a taste of mastery.

In a conversation meant to instruct and empower, Jesus once spoke with a man named Nicodemus. Recorded in St. John's Gospel, chapter 3, Nicodemus is identified as a believer in God. But he also needed relief. For his belief was a confining, stifling ritual.

Not all belief brings relief. Some forms push people into fantasy, self-condemnation, and permanent exile from the living. Authentic faith allows God to work his change within the believer. A small secret.

1 November 1979



#### Master Shipwreck

HMCM(SS) R. C. Clements, USN

#### THE ENLISTED ADVISORY PROGRAM

The Enlisted Advisory Program provides a more comprehensive means to insure that all enlisted personnel are represented within the command. Each enlisted person is assigned a Chief Petty Officer as his/her advisor. Although medical facilities do not have division officers assigned, this program encompasses the division officer concept.

Each enlisted advisor should meet periodically with those personnel assigned to him for counselling, to enhance communications, and to insure that all personnel are informed of current policies. The counselling should include a review of the individual's advancement status, information concerning educational benefits, and retention. The enlisted advisor should always work thru and with the chief of service in the best interest of the individual member.

All enlisted personnel are encouraged to seek out their advisor as the need arises. The enlisted advisors provide a wealth of experience and knowledge to assist the member in matters concerning the hospital corps, military matters, financial planning, personal problems of all categories or anything the member might desire to discuss. We have all been there! Seek out your enlisted advisor.



Sure, Savings Bonds save your money. They also save things like blue jeans, hot dogs, apple pie and the Fourth of July.

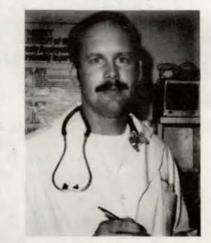
So keep your savings in U.S. Savings Bonds. And you'll help keep all the little everyday institutions that Americans like to take for granted.

# THE ER. . .

By CDR Joseph J. Smith, MC, USN



LCDR M. Khan, MC, USNR, and LT G. Sladek, MC, USNR.



LT D. Maclear, MC, USNR

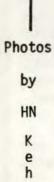


CDR A. Solares, MC, USN

Our Naval Regional Medical Center is celebrating a most significant first anniversary. One year ago the sword of Damocles was lifted from all the staff Medical Officers with the appointment of a full time Emergency Room Staff. While this is most certainly a time of jubilation for we "old timers" who hold very few fond memories of duty in "the pit", the much more important benefit should be appreciated -- the increased quality of health care provided to our patients.

Our four Emergency Room Physicians have proven themselves to be dedicated and knowledgable specialists who consistently practice the highest quality of medicine. This is clearly evident by the consultations received for follow-up care by the satisfaction patients express with the attention and care they received during their anxious moments in the Emergency Room.

I, for one, would like to take this opportunity to thank CDR Solares, LCDR Khan, LT MacLear, and LT Sladek for the outstanding job they are doing in their Department.





Dr. Sladek





By CAPT J. A. Zimble, MC, USN

#### HRM Survey

On 24 August, this entire command had its picture taken. As I outlined in the September issue of Vital Signs, 569 military and civilian staff members of NRMC Orlando participated in a Human Resource Management Survey which resulted in a "snapshot" of attitudes and perceptions. The standard 88 questions asked on the HRM Shore Survey and the 40 NRMC Orlando specific supplemental questions were administered to approximately 78% of the staff. The responses were then processed by the Human Resource Management Detachment, Naval Station Mayport, and during the week of 22 October, a hefty amount of tabulated data was returned to us for analysis.

The job of analysis belongs to all of us. You, as a member of the NRMC staff, will be asked to participate in that process through a feedback session in your work group. Please understand that your cooperation through active participation is essential to both a realistic appraisal of the data and to the problem solving which will help to direct our future command policies.

Hopefully, as a result of the HRM Survey and the various workshops, I can implement a viable and workable Command Affirmative Action Plan as well as effect other programs which will make NRMC Orlando a better place to work and enhance our ability to provide quality medical care.

Remember, meaningful programs require your input. When asked for feedback, start talking; I'm listening!



Happy

Thanksgiving



CRA NOTES



By Joyce Sienia

Civilian and Military are invited to:

THE CIVILIAN INCENTIVE AWARDS CEREMONY

FRIDAY, 16 NOVEMBER 1979

AT THE

CPO LOUNGE

Come on out and see your fellow workers recognized for their work performance. Awards to be given will be Outstanding Performance, Sustained Superior Performance, Quality Salary Increases, and Special Achievement Awards.

AT 1630

**PARTY** 

PIZZA BEER

PARTY

SODAS

There will be \$1.00 charge for Military and 50¢ for civilians.

\*

\*

CRA BIRTHDAY GREETINGS TO: Floyd Keller on 2 Nov; Peggy Beck, James Blackman, and James Kilgo on 3 Nov; Joyce Sienia on 11 Nov; Robin Bridges, Patricia Callan, and James Wester on 14 Nov; Thomas VanElls on 17 Nov; Robert Hager on 18 Nov; Margaret Wilsten on 19 Nov; Arthur Baley on 25 Nov; John Julian on 26 Nov; Marie Trageser on 28 Nov; Barbara Fockler on 29 Nov; and Inez Perry on 30 Nov.

#### WHOOOIZZIT?



It's
LCDR Gail R. Lopresto,
NC, USN. LCDR Lopresto
is a graduate of the
Jewish Hospital of
Brooklyn School of Nursing. LCDR Lopresto
came to us from Naval
Hospital, Patuxent
River, and is our OR
Supervisor. She plans

to make this her last tour of duty and to retire in Orlando.

# **High Blood Pressure: The Silent Killer**

By: ENS Robert J. Smout, USN

This article is the second half of a feature on hypertension, or high blood pressure. (For information on what hypertension is, see last week's Nav-a-gator) Because it is directly related to serious health problems, such as heart attack and stroke, hypertension is a leading cause of death in the United States.

Personnel and dependents are reminded of the free Blood Pressure Screening at the NEX Mall on July 30 between 9 a.m. and 3 p.m.

Many people are surprised to learn that they have high blood pressure. They are more surprised to have their doctors prescribe treatment for a disease which has no apparent symptoms. Many of them say they have never felt better and are usually energetic and trim. What they may not realize is that hypertension may be caused by conditions which do not seem to have any medical relationship to high blood pressure, such as heredity or occupational stress.

In nearly all cases of hypertension, a number of factors, such as diet, amount of exercise, smoking and alcohol, heredity, and stress, contribute to either narrow or harden blood vessels. In either instance, the effectiveness of vessels to adapt to increase blood flow is diminished, increasing the chances of death.

The narrowing of a blood vessel is usually the result of one thing: the build-up of fatty tissues on the vessel walls. In this case, the danger is two-fold:

portions causing instant damage to surrounding body tissue. If the fatty tissue does not break up, on the other hand, it will continue to acumulate until the blood supply is no longer adequate, the effect being the same. In the meantime, the pressure behind the build-up increases, along with the chance of a rupture.

The hardening of blood vessels occurs when they are induced, either by smoking or alcohol, to remain contracted or dilated, creating a loss in flexibility. Inactivity may also contribute to a loss in ability to react to varying demands of blood.

Finally, emotional stress, whether persistent or occupational in nature, can drive blood pressure above normal limits.

The treatment of choice for hypertension, whatever the cause, is usually drugs on either a temporary or lifetime basis. The importance of regular medication cannot be stressed enough. The serious nature of hypertension demands that medication be taken properly if any improvement is to be made. For some people, this means a lifetime of taking medication, but with medication it may be a normal lifetime.

Perhaps the best possible treatment on the individual level is a personal program of diet and fitness. Through a proper diet, harmful cholesterol levels may be lowered and excess weight lost. A moderate exercise program will help to prevent accumulation of fatty deposits and keep the cardiovascular system limber. In general, such a program, as approved by your doctor, can substantially improve your health. And finally, have your blood pressure checked often.

If you desire more information on hypertension, please contact your doctor, your local American Heart Association, or LT Lonni Crafton of the Preventative and Occupational Medicine Section of the Naval Regional Medical Center. Thursday, July 26, 1979 - THE NAV-A-GATOR



COMMANDER'S CUP WINNER - The 1979 Commander's Cup slow pitch softball champions, Hospital No. 1: (1st row, left to right): HM2 Paul Mulberry, HN Phil Black; HN Mike Fields, HM2 Anthony Mayo, Lt. Bob Elster, HN Dave Carlson, 2nd row, left to right): HM3 Richard Desoma, HN Micky Thompason, HN Steve Miller, Master Chief Tom Hill, Captain Victor Romano, Lt. Al Wright, Lt. Don Rosenbaum, HN James Gifford, Not shown: LTJG Ed Niec and HN Mike Nestlebush.

# NRMC HAS CHANGE OF MASTER CHIEF PETTY OFFICER OF THE COMMAND



Letter of Commendation presented to HMCM J. H. Phillips, USN, by Captain Zimble on 5 July 1979.



HMCM J. H. Phillips, USN, MCPOC/NRMC relieved by HMCM(SS) R. C. Clements, USN, on 5 July 1979.



Captain Zimble congratulates HMCM(SS)

R. C. Clements, USN, as he becomes Master
Chief Petty Officer of the Command.



HM3 Dorene Morrill, USN, reenlistment on 17 Jul 1979. L to r: Captain Zimble, HM3 Morrill. her husband, Wayne G.Morrill.



HM3 Larry A. Brown, USN, Sailor of the Quarter, pictured with Captain Zimble, July 1979



Captain Schefstad presents HMCS Thomas A. Ryan a Letter of Commendation on 8 August 1979.



Captain Boyd presents Captain Zimble the Meritorious Service Medal.



W1 R. D. ENDEREZ, PA, TO CWO2



W1 . M. BISHOP, PA, TO CWO2



ENS FRANCIS D. LANE, NC, USNR, to LTJG.



R. P. EDMONDSON, USN, Environmental Health, was promoted to Chief Petty Officer.



HM3 John W. LEGGETT, USN, Outpatient Service, was reenlisted under the Guard III Program. Reenlistment officer was LTJG Edmund NIEC, MSC, USN.



W1 J. S. KELLEY, PA, TO CWO2



HM2 JOHNNY "B" PERRY, USN, SIGNS HIS REENLISTMENT CONTRACT UNDER THE WATCHFUL EYES OF LCDR THOENE, MC, USN, HIS WIFE, VERONICA, AND CAPT ZIMBLE.



LCDR M. L. ADAMS, MC, USN, BEING CONGRATULATED BY CAPT ZIMBLE UPON RECEIVING PERMANENT GRADE OF LCDR.



LCDR RAMON E. BAEZ, JR., MC, RECEIVES CONGRATULATIONS FROM CAPT ZIMBLE ON HIS AUGMENTATION TO REGULAR NAVY.



LCDR GAIL R. LOPRESTO, NC, USN, WITNESSED HM3 LINDA R. PHILLIPS, USN, SIGN HER REENLISTMENT CONTRACT.



W1 M. L. POPOVICH, PA, TO CWO2



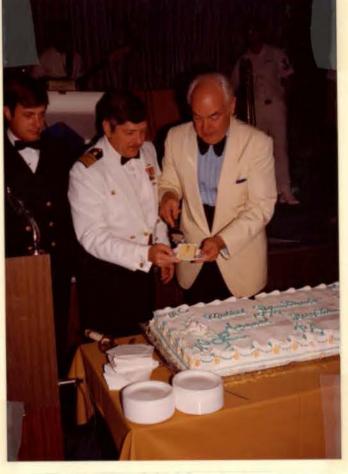
LCDR J. R. BEENE, MSC, USN, SWEARING IN HM2 R. L. WIMMER, USN











Navy Medical Department Ball at the Officers Club on 15 September 1979.



Photographs by: LCDR A. D. SALEKER, MSC, USN 15 SEPT 1979













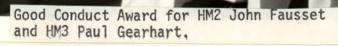
















Good Conduct Award for HM3 Gary Hallum.



HM2 Michael Anderson receives letter of appreciation upon his release from active duty. Presented by Captain Boyd.

# Master Chief Petty Officer of the Navy Visits NRMC Orlando 21-24 21-24 Oct 19













# Some like soup in the pot Navy bean style

A bone-chilling wind buffets the bridge of the San Diego-based USS Hewitt now at sea. Sailors due to begin their watches at midnight have been awakened and are preparing to take over the duty. They grab their foul weather gear and head toward the mess decks to fortify themselves with warm food before going on watch.

Earlier that day, a ship's cook had performed black magic with white beans over a steaming cauldron and had conjured up a gastronomic delight - Navy Bean Soup.

For the Bluejackets climbing out of warm bunks to face the cold night, steaming bowls of the soup would sustain them during their four-hour watches.

No longer a secret, Navy Bean Soup has during the years become a favorite in America, especially when balmy summer days give

way to crisp wintry winds. Originally purchased by the Navy as haricot beans, and sometimes called Michigan beans,

the Navy bean gets its name from the vast quantities ordered by the naval service to supply ships before refrigeration was

Alfonso Mendoza, the cook aboard the Hewitt, uses dry Navy beans, ham soup and gravy base, shredded carrots, crushed tomatoes and pepper, onions, sifted flour, water and tender loving care to come up with the soup for the 280 men on his ship.

Although the basic Navy recipe is usually followed closely aboard most ships, Navy mess management specialists have been known to vary the basic ingredients to suit personal whims and available meats and

At Orlando's Naval Regional Medical Center the soup is "fantastically popular" according to Lt. Ed Manley, food service director. He is frequently asked for the recipe. The soup is served once a week, or three times in a two week period.

Senior Chief Romeo Manalasay, who mans

the Naval Training Center recruit galley, feeds more than 7,000 persons three times a day. "In the recruit dining room, where the trainees are fresh from their mothers' table, only about 20 percent have been exposed to the Navy bean soup. In Dining Room 3, where personnel have been in for one year, it is liked pretty well. After they graduate from boot camp they begin to develop a fondness

for the soup," Manalasay says. Back aboard the Hewitt, Mendoza not only prepares the soup for the crew of his ship, but also prepares the dish at home on special

"It's hard to cook for a small group when you're used to cooking for the crew of a ship everyday," said Mendoza. "The version of Navy bean soup I make at home serves 15 or

For cooks who wish to try a variety of Navy bean soup recipes, the following - including the official Navy recipe - are served.

#### Navy Bean Soup (Official Navy Recipe)

- 6 lb dry Navy beans
- I cup ham soup or gravy base
- 1 lb shredded carrots 6 lb crushed tomatoes

5 lb Navy beans

- 2 Ib onions 2 tsp crushed black pepper
- cups flour, sifted Thoroughly wash Navy beans. Add beans to two galons cold water and bring to a boil for two minutes.

urn off heat and let stand one hour. Add soup and gravy base to beans. Bring to boil and simmer for two hours or until beans are tender.

Add 41/4 gallons water, shredded carrots, crushed tomatoes, chopped onions and crushed pepper and let simmer for 30 minutes.

Add flour to one quart water and mix until a paste. Add to soup, let cook 10 minutes and serve. Serves

Alfonso Mendoza's Navy Bean Soup

1 lb diced onions 2 lb diced white potatoes

5 lb diced slab bacon

Thoroughly wash Navy beans. Add diced bacon to beans and six quarts water. Bring to a boil and let simmer until beans are tender and ready to fall apart. Simmer the vegetables in separate pots until soft, then add to the soup base. Add salt and pepper to taste and let simmer for about two hours. If soup becomes too thick, add water. If too thin, add a mixture of flour and water. Serves 25.

















# Navy med center overloaded

By BLANTON McBRIDE

Even fully staffed with 56 military and four civilian doctors, Orlando's Naval Regional Medical Center has more business than it

"We have people who will drive here from Gainesville or Tampa for a prescription for aspirin," said Lt. Cmdr. M.L. Mitchell, director of financial services.

"The physician picture has cerfull allocation," he said. "For our assigned region, which includes 16,000 military and a reported civilian population of 77,000 retirees and dependents, we are staffed to our base load.'

Mitchell said Patrick Air Force Base, Titusville, Daytona Beach, Gainesville and Tampa are not within the assigned region, but the center is still called on to serve patients from these areas.

The hospital recorded 400,000 patient visits in 1978, a figure which will be "significantly surpassed" for 1979 when final figures are in, Mitchell said.

"Add to this the people who vacation here during the winter, the continued influx of retirees ... and the propensity of Navy retirees to gravitate toward Navy hospitals although other military hospitals may be closer, and you get a picture," he said. "There will always be patients we cannot treat because this is not a full-service hospital. Because of our size, we will probably

never have a staff cardiologist. We here and we have a fair share of the need one but do not have the business to support a board-certified cardiologist.

"We do not have an endocrinologist or a neurologist on the staff for the same reason," he said.

Some patients are turned away for those reasons, he said, and because many retirees and dependents are aware of the situation, many do not bother to seek treatment at the center.

But the center offers other proneeds it can't fill.

"Under one of these, the Navy maintains management of the patient with a civilian facility providing the services. A second plan in which the patient pays part of the bill places management of the patient with the civilian facility," Mitchell said.

In addition, the Navy purchases "services" such as brain scans from that two more floors could be addlocal hospitals when they are needed for patients at the center.

Sometime this summer the Regional Medical Center will move to the new hospital now nearing completion on the base - a \$16.7 million building authorized by Con-

gress in 1977. Although the new hospital will allow a more efficient operation, Lt. ing winters in Florida regularly is Comdr. R.E. Elster, medical construction liaison officer, said it will have little impact on the number of patients served.

crease in the staff. We are close to center. Dependents of active duty

Navy's total staff.

"Unless the manpower picture changes, we will be in about the same position we are now except we will be in a facility better adapted for the practice of modern medi-

cine," Elster said. Ground was broken for the new hospital in July 1977 and the building will be turned over to the Navy in spring. Elster said it will take about 90 days to move in equipment. He expects the changeover to ainly improved ... we have our grams to try to meet patients' the new facility to take place in late

> This will replace a hospital built in 1942 for the Air Force, Elster said. The old buildings, which he characterized as energy inefficient, will be torn down.

> The new hospital will have the same number of beds, 105, as the present facility, Elster said. Design of the new building, however, is so ed if needed and this would increase capacity by approximately

> The problem of providing medical care to military retirees in Florida is especially acute. A large number of retirees move to the area each year and the number of military retirees vacationing or spendincreasing.

Federal regulations require that active duty personnel be given priority for treatment, and they make "There is to be no significant in- up about half the caseload for the the maximum allowed numbers personnel are given second priority.





# Naval Regional Medical Center Orlando, Florida



## **Alcoholism Orientation Seminar** 1 February 1980

Service School Command Auditorium **Naval Training Center** Orlando, Florida

Sentinel Star, January 22, 1980

## Naval hospital struggling with heavy patient load

By BLANTON MCBRIDE

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"The physician picture has certainly improved ... we have our full allocation," he said. "For our assigned region, which includes 16,000 military and a reported civilian population of 77,000 retirees and dependents, we are staffed to our base load."

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The new hospital will have the same number of beds - 105 - as the present facility, Elster said. Design of the new building, however, is so that two more floors could be added if needed and this would increase capacity by approximately 90 beds.

- THE NAV-A-GATOR - Thursday, January 3, 1980

# Be less weighty in 1980!

Did you promise yourself that you'd lose weight in 1980 as part of your New Year's resolution? Have you been placed on the Navy's Weight Control Program only to find that you need more help in learning how to lose that weight? Well, there's a program for those of you interested in weight reduction and control here at Navy Orlando.

The Naval Regional Medical Center in response to the Chief of Naval Operations' directive on weight control through the expertise of its Medical Service Corps personnel has come up with just such a program. Called FIT, Fitness Information Team, it offers a unique informational delivery concept of weight reduction and control in a series of eight onehour presentations.

FIT presentations are designed to better educate personnel on basic weight reduction and control information--nutrition, behavior modification and exercise. Janet Mowers, a representative from Overeaters Anonymous will make a presentation at one of the sessions. FIT is headed by clinical psychologist LCDR Thomas Narut and program coordinator LCDR Edward Manly. Also assisting in the program is LT Barbara Fieldman, a registered dietician; LT Margaret Williams, a registered physical therapist; and Colette Leistner, a registered dietician. Captain J. B. Boorstin, Assistant Chief of Operational Medicine and CAPT C. V. Romano, Chief of Family Practice at NRMC Orlando are both consulting physicians with the program.

This informational program has already been presented to Nuclear Power students with successful results. Other Center personnel have also attended the sessions offering such comments as: "The Navy is finally trying to help us...it taught me how to eat and control myself..."

The informational series will begin Jan. 14 and continue through the 17th and the 21st through the 24th. Sessions will begin at 11:30 a.m. until 12:30 p.m. in Room 2A in the NTC Conference Facility. Team members will be available for individualized

counseling after the series has been completed. The Fitness Information Team invites all interested active duty personnel to attend the first presentation. Individual commands are also invited to send a representative to observe the sessions as they feel it

could benefit a command's weight control program. A complete series program will be offered once every quarter or when requested by an individual command. For more information or if you are interested in attending please contact LT Barbara Fieldman at 646-5255.



Less weighty in 1980!



# Navy med center overloaded

By BLANTON McBRIDE

Even fully staffed with 56 military and four civilian doctors, Orlando's Naval Regional Medical Center has more business than it

"We have people who will drive here from Gainesville or Tampa for a prescription for aspirin," said Lt. Cmdr. M.L. Mitchell, director of fi-

inly improved ... we have our full allocation," he said. "For our assigned region, which includes 16,000 military and a reported civilian population of 77,000 retirees tient with a civilian facility provid- said. The old buildings, which he and dependents, we are staffed to our base load."

Gainesville and Tampa are not within the assigned region, but the center is still called on to serve patients from these areas.

The hospital recorded 400,000 ed for patients at the center.

patient visits in 1978, a figure Sometime this summer the are in, Mitchell said.

cation here during the winter, the gress in 1977. continued influx of retirees ... and the propensity of Navy retirees to allow a more efficient operation, Lt. ing winters in Florida regularly is he said. "There will always be papatients served. tients we cannot treat because this

never have a staff cardiologist. We here and we have a fair share of the need one but do not have the busi- Navy's total staff. ness to support a board-certified

the same reason," he said.

Some patients are turned away cine," Elster said. for those reasons, he said, and because many retirees and depen- hospital in July 1977 and the builddents are aware of the situation, ing will be turned over to the Navy many do not bother to seek treat- in spring. Elster said it will take ment at the center.

grams to try to meet patients' the new facility to take place in late needs it can't fill.

which the patient pays part of the will be torn down. Mitchell said.

"services" such as brain scans from that two more floors could be addlocal hospitals when they are need- ed if needed and this would in-Sometime this summer the Re- 90 beds.

which will be "significantly sur- gional Medical Center will move to The problem of providing medipassed" for 1979 when final figures the new hospital now nearing com- cal care to military retirees in Florpletion on the base - a \$16.7 mil- ida is especially acute. A large "Add to this the people who va- lion building authorized by Con- number of retirees move to the area

gravitate toward Navy hospitals al- Comdr. R.E. Elster, medical con, increasing. though other military hospitals may struction liaison officer, said it will be closer, and you get a picture," have little impact on the number of active duty personnel be given pri-

is not a full-service hospital. Be- crease in the staff. We are close to center. Dependents of active duty cause of our size, we will probably the maximum allowed numbers personnel are given second priority

"Unless the manpower picture changes, we will be in about the "We do not have an endocrinolo- same position we are now except gist or a neurologist on the staff for we will be in a facility better adapted for the practice of modern medi-

Ground was broken for the new about 90 days to move in equip-"The physician picture has cer- But the center offers other pro- ment. He expects the changeover to

> "Under one of these, the Navy This will replace a hospital built maintains management of the pa- in 1942 for the Air Force, Elster ing the services. A second plan in characterized as energy inefficient,

Mitchell said Patrick Air Force bill places management of the pa- The new hospital will have the Base, Titusville, Daytona Beach, tient with the civilian facility," same number of beds, 105, as the present facility, Elster said. Design In addition, the Navy purchases of the new building, however, is so crease capacity by approximately

ority for treatment, and they make "There is to be no significant in- up about half the caseload for the

#### PRINCIPLE PARTICIPANTS

CAPT J. B. BOORSTIN, MC, USN

CAPT "C." V. ROMANO, MC, USN

CDR L. M. STEVENSON, USN

CDR D. A. BRAGA, MC, USN

CDR C. S. RIMMER, CHC, USN

LT W. C. HAZLEHURST, MSC, USN

FTCS C. J. GIBBS, USN, ARD Coordinator

KATHY BURRELL, Family Counselor

YVONNE JAGODINSKI, Psycho Therapist

JUDY LEEPER, NASAP Coordinator

CAPT J. A. ZIMBLE, MC, USN Commanding Officer Naval Regional Medical Center Orlando, Florida

0800-0930 Opening Remarks..... Capt Zimble

Psychological Aspects of

Medical Aspects of

0930-1000 Break

Dr. Braga (Moderator), Kathy Burrell, Chaplain Rimmer,

1130-1300 Lunch

1300-1330 Film: "Life, Death and Recovery of the Alcoholic"

1330-1430 Management of the Alcoholic

1430-1500 Break

1500-1630 Panel Discussion:

Dr. Hazelhurst, Capt Romano,

AAFP and AMA



Alcoholism..... Dr. Braga

Dr. Boorstin, Yvonne Jagodinski

FTCS Gibbs, Cdr Stevenson



Alcoholism..... Capt Boorstin

1000-1130 Panel Discussion:

Narrated by Capt J. Pursch

Patient in the Navy...Cdr Stevenson

Dr. Braga, Judy Leeper,

7½ hours Category I CME credits approved by







Sentinel Star, January 22, 1980

## Naval hospital struggling with heavy patient load

By BLANTON McBRIDE

Even fully staffed with 56 military and four civilian doctors, Orlando's Naval Regional Medical Center has more business than it can handle.

"We have people who will drive here from Gainesville or Tampa for a prescription for aspirin," said Lt. Cmdr. M.L. Mitchell, director of financial

"The physician picture has certainly improved ... we have our full allocation," he said. "For our assigned region, which includes 16,000 military and a reported civilian population of 77,000 retirees and dependents, we are staffed to our base load."

The hospital recorded 400,000 patient visits in 1978, a figure which will be "significantly surpassed" for 1979 when final figures are in, Mitchell

"Add to this the people who vacation here during

the winter, the continued influx of retirees . . . and Although the new hospital will allow a more effithe propensity of Navy retirees to gravitate toward Navy hospitals although other military hospitals may be closer, and you get a picture," he said. "There will always be patients we cannot treat because this is not a full-service hospital. Because of

ologist. We need one but do not have the business to support a board-certified cardiologist." But the center offers other programs to try to

our size, we will probably never have a staff cardi-

meet patients' needs. "Under one of these, the Navy maintains management of the patient with a civilian facility providing the services. A second plan in which the patient

pays part of the bill places management of the patient with the civilian facility," Mitchell said. This summer the Regional Medical Center will move to the new hospital now nearing completion on the base — a \$16.7 million building authorized by

cient operation, Lt. Cmdr. R. E. Elster, medical construction liaison officer, said it will have little impact on the number of patients served.

Ground was broken for the new hospital in July 1977 and the building will be turned over to the Navy in the spring. Elster said it will take about 90 days to move in equipment. He expects the chan-geover to the new facility to take place in late

This will replace a hospital built in 1942 for the Air Force, Elster said. The old buildings, which he characterized as energy inefficient, will be torn

The new hospital will have the same number of beds - 105 - as the present facility, Elster said. Design of the new building, however, is so that two more floors could be added if needed and this would increase capacity by approximately 90 beds.

- THE NAV-A-GATOR - Thursday, January 3, 1980

Congress in 1977.

# Be less weighty in 1980!

Did you promise yourself that you'd lose weight in 1980 as part of your New Year's resolution? Have you been placed on the Navy's Weight Control Program only to find that you need more help in learning how to lose that weight? Well, there's a program for those of you interested in weight reduction and control here

at Navy Orlando. The Naval Regional Medical Center in response to the Chief of Naval Operations' directive on weight control through the expertise of its Medical Service Corps personnel has come up with just such a program. Called FIT, Fitness Information Team, it offers a unique informational delivery concept of weight reduction and control in a series of eight onehour presentations.

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could benefit a command's weight control program. A complete series program will be offered once every quarter or when requested by an individual command. For more information or if you are interested in attending please contact LT Barbara Fieldman at 646-5255.



Less weighty in 1980!























For N. Bloom, NC, promotion to LIEUTENANT









### Congratulations to our new HM1's, HM2's, and HM3's!

To HM1:

To HM2:

H. Russell, R. Wimmer,

L. Bacon,
R. Carrerosune,
J. Cassidy,
G. Cate,
J. Darnell,
S. Naoum,
E. Olayos,

#### JANUARY ADVANCEMENTS

#### To HM1:

G. Milano,
L. Tamayo,

Laboratory Service Pharmacy Service

#### To HM2:

D.	Bement,	Laboratory Service
Μ.	Nicholas,	Physical Therapy
	Porter,	Otolaryngology Ser.
J.	Thompson,	Radiology Service

o HM3:	
R. Aciego,	Internal Medicine
D. Atkinson,	Orthopedic Service
J. Carr,	Pharmacy Service
J. Dina,	Nursing Service
D. Ead,	Nursing Service
C. Fete,	Nursing Service
J. Fitzhugh,	Educational Services
C. Gerdes,	Family Practice Ser.
P. Guzman,	NRMC Annex
E. Kehoe,	Human Res. Man. Svc.
M. Lake,	Internal Medicine
C. Leatherwood,	Pediatric Service
D. Lynch,	Surgical Service
L. Miller,	Anesthesiology Ser.
S. Miller,	Orthopedic Service
C. Moody,	Nursing Service
H. Morris, Jr.,	Nursing Service
V. Nicholas,	Family Practice Ser.
M. 011er,	Fiscal and Supply
M. Pearce,	Nursing Service
W. Pearce,	Nursing Service
D. Piantoni,	Acute Care Service
J. Sumrall,	Nursing Service
W. Thompson,	Operating Man. Ser.

### To HM3:

Bednorz,	Nursing	Service
Forester,	NRMC Annex	
Lugo,	Nursing	Service
Reid,	Nursing	Service

FEBRUARY ADVANCEMENTS

Ophthalmology Ser. Laboratory Service

Nursing Service Nursing Service NRMC Annex Surgical Service Ophthalmology Ser. Laboratory Service Laboratory Service

#### MARCH ADVANCEMENTS

#### To HM1:

J. Neel, Radiology Service

#### To HM2:

Surgical Service S. Scruton,

#### To HM3:

J.	Cardelle,	Pharmacy Service
C.	Cote,	Nursing Service
F.	Finn,	Ophthalmology Service
٧.	Paglino,	Patient Affairs Ser.
	Perkins,	NRMC Annex

#### SELECTEES

For HM1 - D. Walker, NRMC Annex For HM2 - G. Phillips, Radiology Service

For HM3 - H. Baker, NRMC Annex B. Hall, Nursing Service









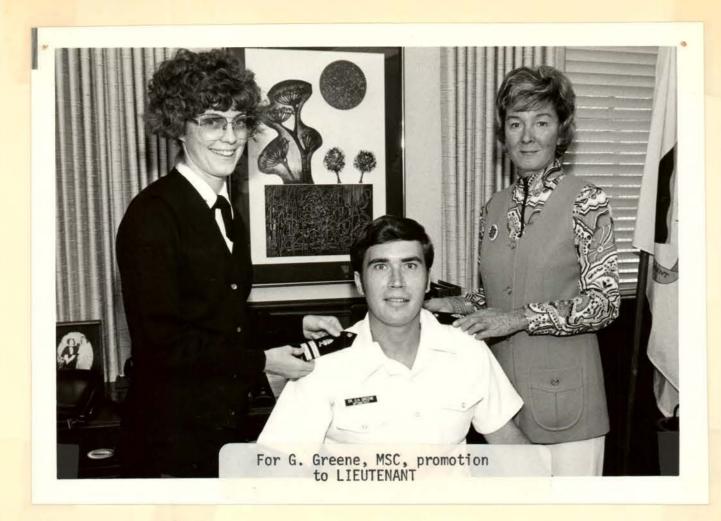


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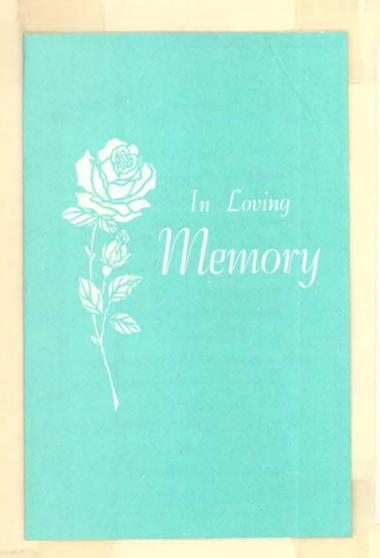






























### The Twenty-Third Poalm

The Lord is my shepherd; I shall not want.

Ke maketh me to lie down in green pastures:

Ke leadeth me beside the still waters.

Ke restoreth my soul: Ke leadeth me in the paths of righteousness for Kis name's sake.

Yea, though I walk through the valley of the shadow of death, I will fear no evil: for thou art with me; Thy rod and thy staff they comfort me.

Thou preparest a table before me in the presence of mine enemies: thou anointest my head with oil; my cup runneth over.

Surely goodness and mercy shall fallow me all the days of my life: and I will dwell in the house of the Lord forever. In Memory Of LCDR Robert Thomas Roy USNMSC (Ret.)

Born December 13, 1934 Valparaiso, Indiana

Entered Into Rest February 17, 1980 Orlando, Florida

Service February 21, 1980 - 10:30a.m. Hope Lutheran Church

Officiating Reverend Frederick J. Schramm

Interment Full Military Honors Chapel Hill Cemetery

Arrangements By Carey Hand Chapel

































# COLLEGE FAIR

Held 29 Feb on Ward 17 with over 9 area Universities and Colleges represented including the Naval Academy.





### Welcome aboard!

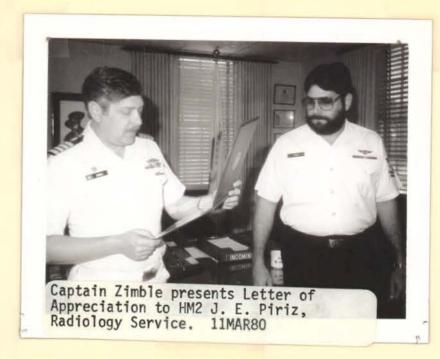
Captain Lois E. Nickerson, NC, reported aboard on 14 March 1980 to assume the duties as Director of Nursing Services.



Captain Nickerson has been a member of the U.S. Navy Nurse Corps since November 1957 and has served at duty stations world-wide. Her first duty station was at the Naval Hospital, Bethesda, followed by duty at Charleston, Naples, Italy, and a tour of recruiting in Seattle. The Captain then attended the Counter-Insurgency course at Coronado prior to serving at the Naval Hospital, Danang.

Captain Nickerson has also served at the Naval Hospitals at Pensacola and Philadelphia. Prior to reporting here, Captain Nickerson was the Chief of Nursing Service at the Naval Hospital, Annapolis.

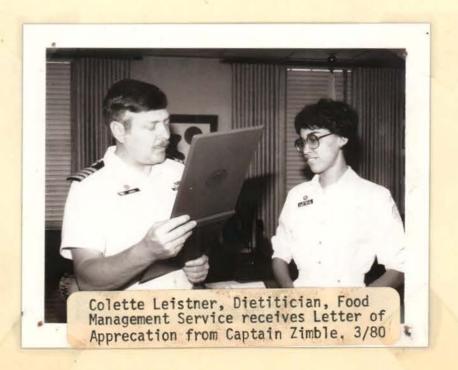
Captain Nickerson has been awarded the Navy Commendation Medal with Combat V and with star for second award, the Navy Unit Commendation, the National Defense Service Medal with two stars and the Republic of Vietnam Campaign Ribbon.

































Thursday, April 3, 1980 - THE NAV-A-GATOR - Page 7

Have you heard of the Naval Regional Medical Center's Fitness Information Team? The Fitness Information Team (FIT), presents a series of seminars on weight management. The eight one-hour sessions present the latest information and current thinking on the subject of weight reduction and weight control. The seminars have been offered to base personnel since January 1980, and have been enthusiastically received.

percent have clearly shown a weight loss or are still losing weight. This is a much higher success rate than most weight control programs claim.

If you are interested in attending, the next presentation will begin Apr. 21 and will be held in building 2724, the NASAP classroom building. The seminars are offered to active duty and civilian personnel. Class size is limited. Contact LT Barbara

Statistics are gradually emerging and of those participating in the monthly follow up sessions, 83

# NRMC sponsors weight seminar

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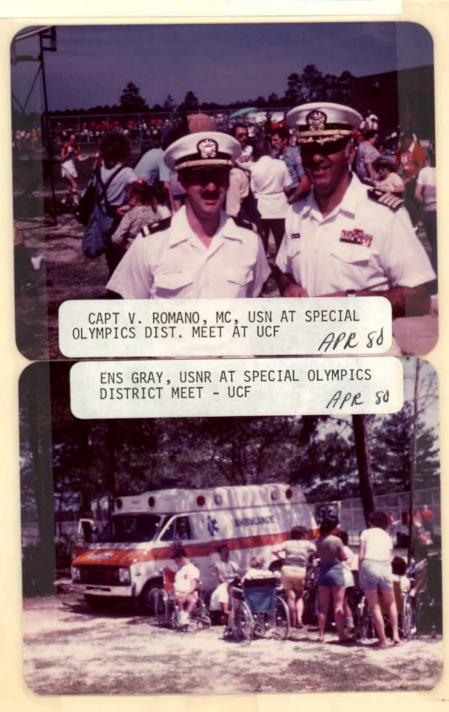






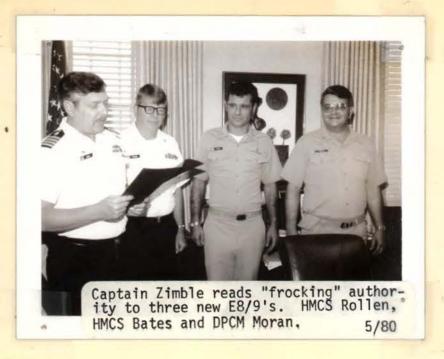
















# NRMC personnel give a hand to young athletes

by JO3 M. Rochelle Baluch

Approximately 40 doctors, medical service officers, corpsmen, corpswaves and nurses from Naval Regional Medical Center, Orlando assisted 400 young Florida athletes recently.

The NRMC Volunteer Corps, civilian and military, administered physical exams to the aspiring athletes who will participate in the National Youth Sports Program this summer. Sponsored by the Health, Education and Welfare Dept., program participants must first have physicals.

Physicals were done by the Air Force until cutbacks forced them to disband the program. Under the auspices of Dr. Victor Romano, Navy Orlando picked up the ball to keep the physicals program alive.

Physicals were set up by coach Lloyd Johnson of Bethune Cookman College through Dr. Romano. The 400 youths were bused from the Daytona area to the Annex Family Practice Clinic on two separate occasions.



A young female athlete looks on as HN Givens and CAPT J. Zimble, CO, NRMC complete paperwork for the girls physical. (U.S. Navy Photo by Kevin Perkins)

### Overeaters Anonymous elects NRMC medical corps member

by Mary V. Van den Heuvel

Captain James B. Boorstin, MC, Assistant Chief, Operational Medicine Service, has been elected as a trustee on the National Board of the World Service Organization of Overeaters Anonymous, at their National Conference in Los Angeles recently.

By his election to the Board, CAPT Boorstin has achieved some notable "firsts:" he is the first non-OA member ever to be elected as a Board member since the organization was started in January 1960; he is the first Naval officer to be a Board member; he is the first psychiatrist to be a Board member.

Captain Boorstin was nominated for this honor by Janet Jowers, the on-site coordinator for the Naval Alcohol Safety Action Program Detachment, Orlando, who also serves as a trustee and the Treasurer of the National OA organization. The National Conference, attended by 260 delegates representing the over 100,000 OA members, voted unanimously for CAPT Boorstin's election. CAPT

Boorstin spoke at the Conference and fielded a question and answer session from the enthusiastic delegates that lasted over two hours.

Captain Boorstin's contribution to the OA will be greatly enhanced by the fact that he is a "non-OA member." Members of OA place a lot of emphasis on "anonymity" to insure that egotism and self-glorification will not be the undoing of the OA fellowship. CAPT Boorstin's activites on behalf of the OA will not be restricted by anonymity.

Overeaters Anonymous has grown throughout the United States since its beginning in 1960 and has now spread throughout Canada, England and several countries in Europe. Locally, there are twenty-five meetings each week scheduled throughout the Orlando-Sanford area with two at the Naval Training Center's Drydock. These meetings are Sundays and Wednesdays at 7:30 p.m. Anyone interested in Overeaters Anonymous can get further information by contacting Janet Jowers at X5983.



Captain James B. Boorstin (U.S. Navy Photo)

# NRMC selects Nurse of Year

by SN Mona F. Butler

Members of the Orlando Naval Regional Medical Center's Nurse Corps recently elected a male as Junior Nurse of the Year for the fourth consecutive time. LTJG Michael B. Hopkins of the RTC Medical Dispensary, was selected for this honor during a cake cutting ceremony celebrating the U.S. Navy Nurse Corps' 72nd birthday.

"Twenty-five percent of Navy Nurses are males," said LTJG Hopkins. "I think we play a double role in the military . . . first of all as being military officers and secondly as being nurses."

Professional nurses have served as an integral part of the U.S. Navy for more than 72 years. Since 1947, they have been honored as commissioned officers. Today, the Navy Nurse Corps offers one of the finest programs of instruction and experience to be found anywhere in the world — military or otherwise.

In Hopkins' graduating class at the University of Alabama, Huntsville, 10 males received their Bachelor of Science Degree from the college's School of Nursing. There he became a member of Sigma Theta Tau, a national honor society of nursing. Although Hopkins could not readily recall any sarcasm during his college years concerning his chosen profession he did state that he had no problem being accepted by his peers.

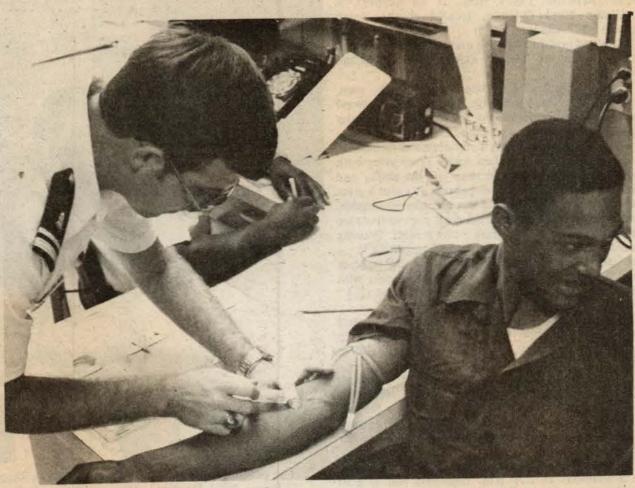
However, in his encounter with recruits on the job, he is frequently asked, "Are you the doctor?" Hopkins attributes this mistaken identity to their unfamiliarity with the nurse corps insignia displayed on the shoulder boards of his uniform.

After being on active duty for almost two years, Hopkins has no real complaints about his job. He cited the least desirable aspect of his job as being the rotating shifts. On the other hand, he is proud of the fact that he frequently takes the initiative in treating many of the dispensary's patients.

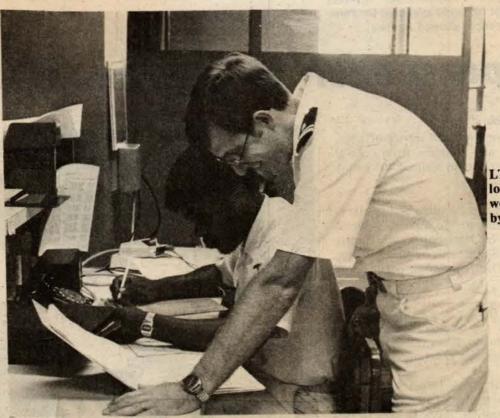
"Sometimes you can allow yourself to become far removed from the patient when placed in a supervisory capacity," he said. "The responsibility still rests on the nurse." Most patients treated on wards 3A, 3B, and 3C at the clinic under Hopkins' supervision require only minor care.

Hopkins' professional achievement and military leadership earned him a certificate and letter of appreciation from Captain J.A. Zimble, NRMC's commanding officer. In addition he also received a \$100 check donated annually from RADM Bartholemew W. Hogan, former Navy Surgeon General.

In the near future Hopkins plans to pursue a Master's Degree with a desire to become a nurse anesthetist. Off duty he is an active member of a local baptist church where he coaches women's softball for the Greater Orlando Softball Association.



NRMC Nurse of the Year LTJG Michael B. Hopkins draws blood from a nervous recruit. (U.S. Navy Photo by SN Mona F. Butler)



LTJG Michael Hopkins looks over some paperwork. (U.S. Navy Photo by SN Mona F. Butler)

Thursday, May 29, 1980 — THE NAV-A-GATOR — Page 11

# NRMC holds on to lead

by Charlie Plisco

NRMC 1 held a firm grip on first place in the Commander's Cup Slow-Pitch Softball League, and also kept their unbeaten string alive by holding off a stubborn SSC 1 team for a 15-14 win.

Al Wright and Don Rosenbaum, NRMC's explosive one-two punch, blasted three home runs each, while Steve Miller and Tony Washington added one each to pace the offensive attack. NRMC was down 14-13 in the sixth, when Wright launched one to tie it, and Rosenbaum followed with the clincher. SSC 1, in their best performance this season, was led by Woodrow Perry with two homers, and solos by William Rutledge, Michael Gerardi, Roosevelt Coleman and Methodist Gono.

NRDC 1, starting the night tied with SSC 2, ended that deadlock with a 13-6 decision over their second place rivals. Joe Thornton of NRDC was the big difference with two home runs, including a grand slammer in the first inning. SSC 2, having their share of bad luck, lost shortstop Richard Brooks and third baseman Ed Guerra to shoulder injuries when they collided on a play early in the game.

NRDC 1 made it a sweep for the week with a 13-2 win over F-Troop. Round trippers were hit by Eddie Desjardins, Keith DeWindt, Domingo Collazo, and

Wesley Roberts. David Todd connected for a pair for F-Troop.

Some fish story!

"Baby" largemouth Bass caught during

lunch hour from beautiful Lake Baldwin.

Barely a "keeper" by Florida standards! Caught by HMCS Dave Templeton, Assistant

to the Director of Administrative Service.

The Dispensary, coming off upsets over NRDC and SSC 2, had their hands full with wins over NPS 1 and the Softballers. NPS 1 left two men in scoring position when the last out was made giving Dispensary an 8-7 win. One run made the difference again as the Softballers fell 6-5. Garry Day homered in each game for Dispensary.

In other highlights for the week, SSC 48 beat F-Troop 14-8 paced by Coach John McCain's three home runs. Gary Willoughby of the 8-Balls went three-for-three with two homers to lead his team to an 18-6 win over the Hitters. Solo shots were recorded by Robert Williams (8-Balls) and John Pulford (Hitters).

RTC's William Tucker with two four baggers and Cornelius Morehead and Joe McDonough, one each, contributed to an easy 12-2 win over the Defenders. NAC 1 pounded NAC 2, 19-9, as Ron Finck and Pete Rovira of NAC 1 parked three home runs over the fence. Mike Vinisko of the Stars hit consecutive home runs in the first and second innings to pace the team to a 12-7 victory over NPS 1. Gerald Boughton and Mike Zalagens hit round trippers for the losers.

NPS 10 stomped the Dusters 17-7 on two circuit clouts by Eric Shumaker and one by Doug Hornbeck.

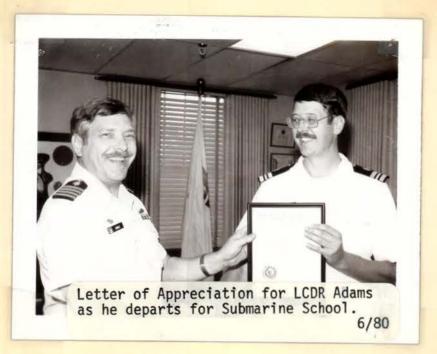
Adalbert Bednarczyk had a home run for the Dusters.

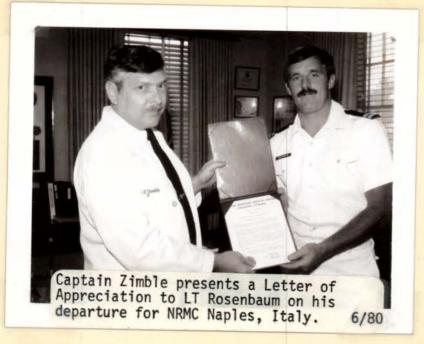


Belletta B. Broughton - HEW Office of
Hearings & Appeals, Orlando
Arthur G. Cannon, Jr. - NTEC Code N-234
Lawrence C. Clark - 81st Army Reserve
Command, Orlando
Edward R. German - U.S. Geological Survey
Debyra A. Golab - VA Out-Patient Clinic,
Orlando
Calvin Hubbard - USDA Soil Conservation
Service, Orlando
Shannon K. North - DCASMA
Antoinette Shehee - NRL Underwater Sound
Reference Detachment, Orlando
Jean S. String - NASA
Jack H. Summers, Jr. - USDA Soil Conservation Service, Tavares
Mary V. Van Den Heuvel - NRMC, Orlando

Donald F. Wollney - AFSC, Eastern Space & Missile Center/PMQ, Patrick AFB (not shown; accepting for him-John Soto)

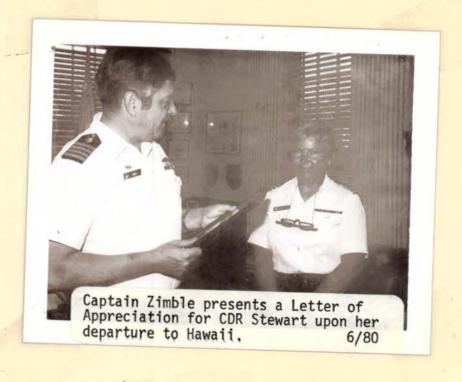






















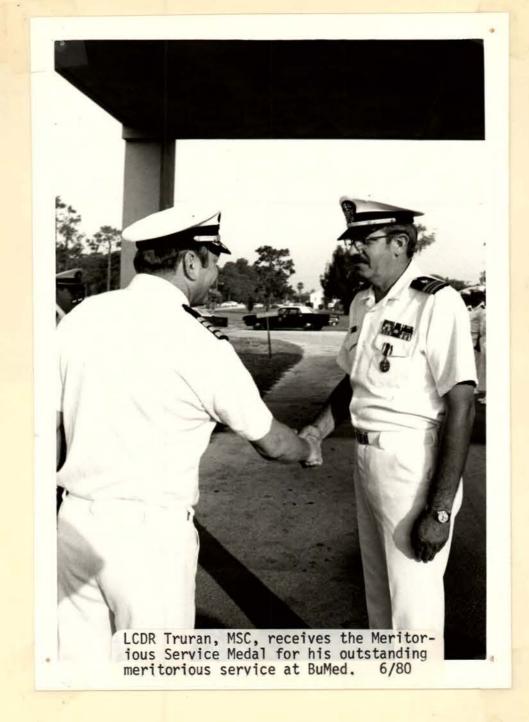




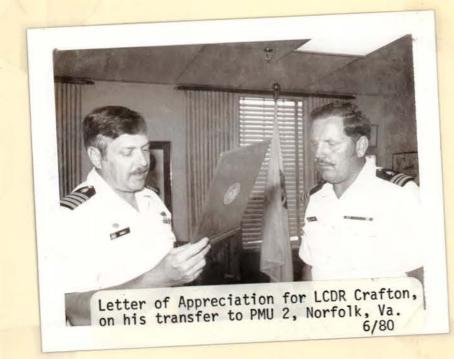






































Captain Zimble presents certificates for completion of the Orange County Defense Driving Course to: HM3 James W. Butler, HM2 S. E. MacDonald, HM3 Louie Lamb, Jr., DN Eric G. Walker, HM3 Randall Kiger, HM3 David Pfohl, HM3 Arthur Lucero, and HM2 Dave L. Richardson.

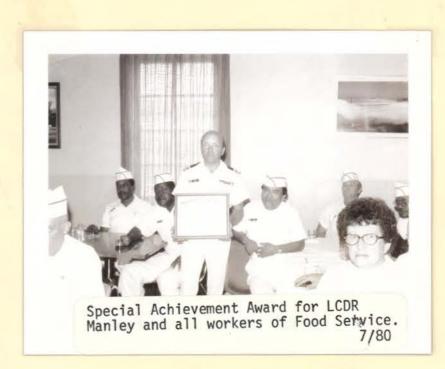
Page 16 — THE NAV-A-GATOR — Thursday, July 31, 1980

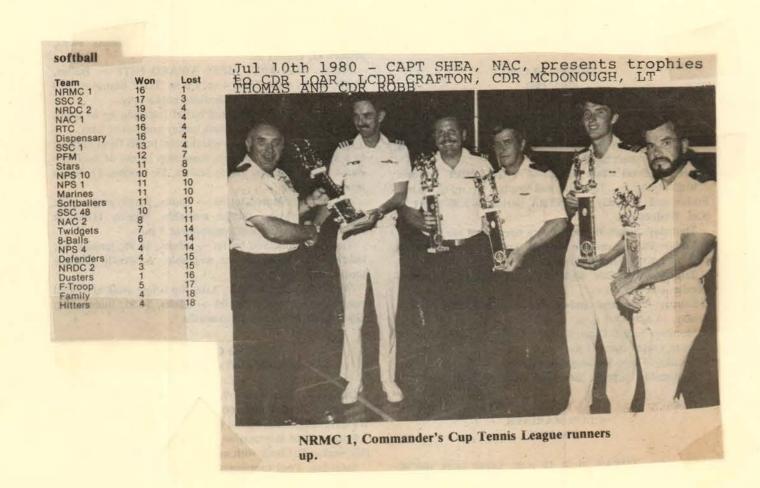
### Practice makes perfect



MARTIAL ARTS -- NTC's Mike Scott (right) warms up with Eddie McCorvey for an upcoming karate match. Mike, a hospital corpsman third class, is an operating room technician at Navy Regional Medical Center and won first place in the Tournament of Champions karate tournament last weekend at Bob Carr Auditorium. Eddie, when not doing karate, is a lieutenant assigned to the pharmacy at NRMC.

The NTC Orlando team practices daily at the station gym under the watchful eye of James Swanson, team coach. Teammembers participate in meets in the Orlando area and usually have several members who win or place high in meet standings. Karate is viewed as a sport which imparts many personal values to participants in addition to the obvious benefits such as physical conditioning and improved skills in self-defense.

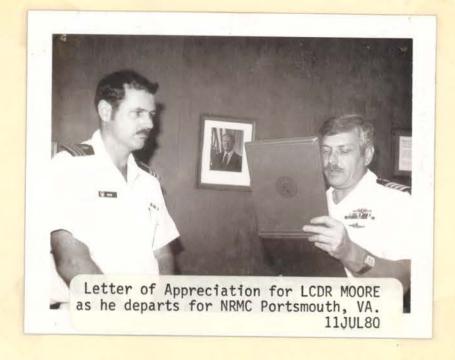




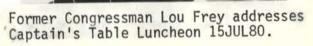


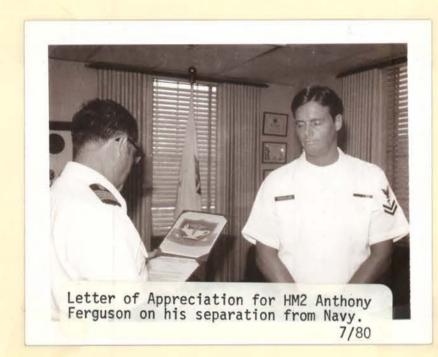














Captain Zimble escorting Lou Frey on tour of new facility. 7/80









# HM3 Poirier selected Sailor of the Quarter

by SN Mona Butler

Hospital Corpsman Third Class Keith A. Poirier received loads of encouragement and an endless number of congratulations upon being named the Naval Training Center's Sailor of the Quarter for the second quarter of 1980.

In recognition of Poirier's selection, CAPT William S. Myers, NTC Commander, presented him with a certificate praising his outstanding performance of duty and strong leadership. Among others witnessing Poirier's honor was his wife, Marcia. "I am really proud of him," she said.

Petty Officer Poirier of Bar Harbor, Maine, works as the evening supervisor of Laboratory Services at the Orlando Naval Regional Medical Center. He has been a part of the hospital's staff since September 1979.

After finishing recruit training in 1977, Poirier attended Hospital Corpsman Class "A" School at Great Lakes, Ill. Following school, he was assigned 30 days of RAP (Recruiter Assistance Program) duty at Bar Harbor. Leaving Maine, he was then stationed at NRMC San Diego. He later spent one year of study at the Naval School of Health Science as an advanced lab technician.

In the near future Poirier plans to wrap up his studies for a Bachelor of Science degree at the University of Central Florida. He presently holds an Associate Degree in Medical Lab Techniques from George Washington University in Maryland.

Poirier's pasttime is spent playing golf, swimming or indulging in a game of racquetball. He and Marcia reside at the NTC Annex with their 12-week-old daughter, Andrea Marie.



SAILOR OF QUARTER - Captain Myers, Keith and Marcia Poir ier. (Navy Photo by PH2 Renee Pearce)

### sports

# NTC Orlando hosts regional tournament

NTC Orlando hosts this year's South Atlantic Regional Softball Tournament, Division IV, for men and women beginning tomorrow.

The winners advance to the South Atlantic Regional finals being held here next week.

Squaring off in the double elimination battle for the men are: Navy Regional Medical Center, representing NTC Orlando; NAS Key West; and the Naval Security Group, Homestead, Fla.

For the women, NTC Orlando will meet NAS Key West, also a double elimination contest. Starting time is 6 p.m. for both openers.

Next week's finals will feature teams from Mayport-Jacksonville, Charleston, Norfolk and Atlanta. Games are scheduled below:

Friday,

August 1
Saturday,
August 2

Men 6 p.m. 8 a.m.

1 p.m. 6 p.m. 8 p.m. (if

necessary)

Now hear this ...

Referees for the touch football season are in short supply. Anyone wishing to volunteer should contact Charlie Plisco at 5161 as soon as possible.

# Touch Football League scheduled for Aug.

The Commander's Cup Touch Football League Season will begin approximately August 11.

A meeting for team captains will be held in the NTC Gym at noon July 29 to accept final entries and discuss rules and regulations.

All active duty men desiring to participate and organize teams in the league should contact Mr. Plisco at the NTC Gym or phone 4625/5161.



Women

6 p.m.

6 p.m. (if

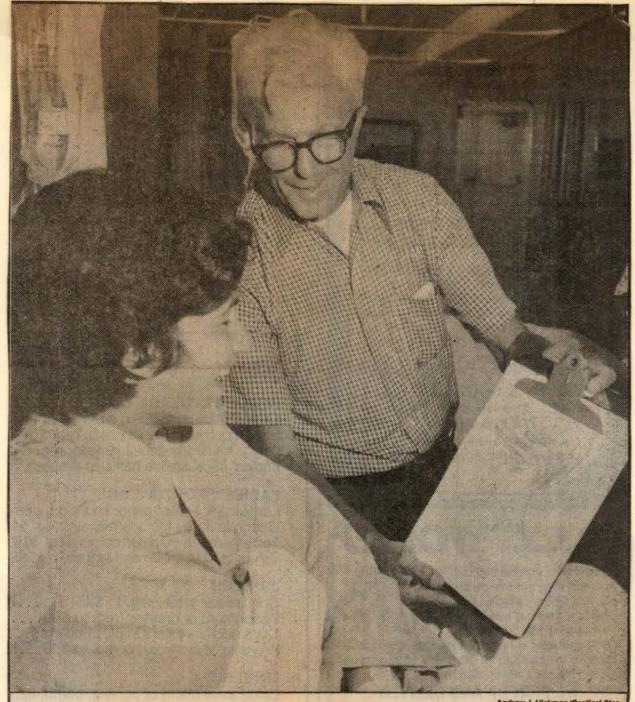
necessary)

IS...the Naval Regional Medical Center, 1st place team in the Commander's Cup softball league. Pictured above, from left, are: (back row) CDR Loar and CAPT Nickerson, representing NRMC command; Doug Thomas, Winston Tedin, Tony Washington, Jim Darnell, Steve Miller, Pete Baker, Mike Thompson and Randy Fraezer. (Front row) Randy Griswold, Ed Niec, Ed McCorvey, Joe DeLuca (coach), Karl Holland, Phil Black, Bob Elster and Paul Mowbray. Not pictured were Larry Scheve, Terry Harmon, Stan Stutzka, Brian Cardwell, Hugh Thomas, Don Rosenbaum, Al Wright and Victor Romano.

AND THE WINNER



Steve Miller receives his award as Commander's Cup Most Valuable Player from CAPT Shea, commanding officer



Quick-draw artist 'Uncle Jack' Rosen shows a sample of his work to Robin Smith.

# His hobby is really sketchy but he draws smiles from it

By JEFF KUNERTH

Quick-draw artist Jack Rosen planted his blue slip-on tennies in a wide, solid stance.

He leaned back at the waist, eyed his target with a penetrating stare through thick, horn-rimmed

"Laugh, you monkey," he said. His defenseless target squirmed. A nervous giggle escaped from a forced grin.
Thirty seconds later, it was over.

"Uncle Jack" Rosen — "the world's fastest caricaturist" — notched another victim on his stubby, blunt Eberhard Faber soft lead pencil.
"Don't be mad at me," Uncle Jack said to lessen ing the David Letterman Show, Uncle Jack met his

the sting of self-recognition.
In 90 minutes at the Orlando Naval Training Cen-

At age 67, he has pinned to paper the outlandish likenesses of more than 100,000 people. Untrained in art, he sharpened his fast-draw skills on presidents, queens, popes, movie stars and other lumi-naries as director of safety at the Waldorf-Astoria in New York for 28 years before he retired.

"In my prime I was doing four a minute. I'm getting so old," said the man who began his lifelong hobby drawing unkind pictures of his grade school

pencil point touched paper and a noodle nose appeared, then a bristle-brush mustache beneath it. sen, riddling dispair with the tip of his pencil.

Rosen's head tilted up, then down. A toothy grin and lantern jaw. Then the eyes. The pencil flashed. Hair, ears, and a goose neck.

Another time, he finished a sketch and turned it toward a man with a bedsheet pulled to his chin. The man smiled weakly.

"Isn't that smile worth a million bucks?" Uncle Jack said. On his way out, passing patients and or-derlies needling each other about their caricatures, he said. "It's not just the little laugh when you do them. They kid each other. Then they show them to

"Look straight ahead," he told one sour-faced

ter Hospital on Friday, Uncle Jack Rosen produced more than 150 cartoon portraits of patients and personnel.

"Laugh?" the man said, staring ahead with obvious distain. "Nothing to laugh about."

toonist convention today and Sunday at the Interna-tional Inn.

At age 67, he has pinned to paper the outlandish

Cuickly finished and still undaunted, Uncle Jack

moved on to another patient.

"Laugh a little," he said.
"What am I suppose to laugh about?" the man replied, his leg bandaged and propped up on a stool.
Then he looked at Bubba. "Let me see your picture."

"Ha!" he chuckled. It's all Uncle Jack needs, just a flash of blinding dentures.

teachers.

For a few splintered seconds, his right hand nervously circled the blank piece of paper while his comic eye focused on a distinguishing feature. The











Page 8 — THE NAV-A-GATOR — Thursday, October 2, 1980

# Capt. Zimble to take graduation salute

Captain James A. Zimble, MC, USN, will be reviewing officer for tomorrow's Recruit Graduation review.

He is Commanding Officer, Naval Regional Medical Center, Orlando.

Captain Zimble was born in Philadelphia, PA, October 12, 1933, the son of Mr. and Mrs. Nathan N. Zimble. Captain Zimble acquired his B.S. degree at Franklin and Marshall College, Lancaster, PA, and in 1959 received his M.D. from the University of Pennsylvania School of Medicine. He was a member of the Naval Reserve as a medical student from 1956 to 1959.



Doctor Zimble served a rotating internship from 1959 to 1960 at U.S. Naval Hospital, St. Albans, NY. From 1960 to 1961 he attended the Deep Sea Diving School, Naval Gun Factory, Washington, D.C.; the Officer's Basic Course and the Special Radiation Control and Health Physics Course, U.S. Naval Submarine School, New London, CT; and nuclear power training at the Nuclear Reactor Prototype, West Milton, NY. He was subsequently assigned to the USS JOHN MARSHALL (SSBN-611) where he served as the plank owner medical officer of the Blue Crew. In 1963 he received Submarine Medical Qualification. Captain Zimble received residency training in Obstetrics and Gynecology at U.S. Naval Hospital, St. Albans, from 1963 to 1966. His subsequent assignments include: 1966-1970 Ob/Gyn staff, Naval Hospital, Camp Pendleton, CA; 1970-1972 Ob/Gyn staff, Naval Hospital, Philadelphia, PA; 1972-1976 Chief, Ob/Gyn Service and Director, Clinical Services, Naval Hospital, Lemoore, CA; and 1976-1978 Director, Clinical Services, Naval Regional





Medical Center, Long Beach, CA. In August 1978 he became Commanding Officer of the Naval Regional Medical Center, Orlando.

Captain Zimble's military awards include the Meritorious Service Medal, Navy Commendation Medal, and Navy Meritorious Unit Citation. He is a Diplomat of the American Board of Obstetrics and Gynecology, a Fellow of the American College of Obstetricians and Gynecologists, a Fellow of the American Military Surgeons of the United States, and a Member of the Inter-Agency Institute for Federal Health Care Executives.

States and areas served by Mutual of Omaha are: Alabama, Colorado, Georgia, Louisiana, Mississippi, Nebraska, Ohio, Texas, West Virginia, Canada, Mexico, Central America, South America, Bermuda and the West Indies.

Claims for care received in the state of Tennessee should be sent to: Blue Cross/Blue Shield of Tennessee, 730 Chestnut Street, Chattanooga, TN 37402

Claims sent to the old addresses of these organizations will be delivered, but beneficiaries and providers are urged to use the new addresses for prompt delivery.

























C/MC HMCM R. C. Clements and Captain Zimble with (left to right) HM3 P. Black, HM3 R. Spell, HM3 L. Brabant, HM3 C. Petron, HM3 A. Bedashi, HM3 G. Provost, HM3 G. Bessing, HM3 J. Titko, HM3 A. Scoggins, HM3 R. Kiger, HM3 R. Cockman, HM3 B. Herman, HM3 L. Davis, HM3 L. Sparks, and HM3 J. Moore.





C/MC HMCM R. C. Clements and Captain Zimble pose with (left to right) HM1 G. Dedios, HM1 P. Mowbray, and HM1 W. Trimble.



C/MC HMCM R. C. Clements and Captain Zimble with (left to right) HM3 A. Lucero, HM3 D. Tomlinson, HM3 C. Giles, HM3 G. Schleman, HM3 J. Ruiz, HM3 T. Givens, HM3 L. Lamb, Jr., HM3 J. Butler and HM3 G. Mulligan.







First Good Conduct Medal for RP2 A. L. M. Wright.

8/7/80







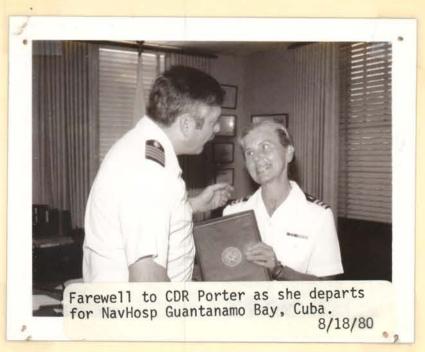


























#### NRMC observes National Jogging Day

by LCDR Albert D. Saleker, MSC, USN

The Department of Podiatric Medicine, Naval Regional Medical Center, Orlando, will observe

Regional Medical Center, Orlando, will observe National Jogging Day on Saturday October 11, by sponsoring a Podiatric Sports Medicine Clinic.

The theme of this year's event, sponsored by the National Jogging Association in cooperation with the American Podiatry Association and the President's council on Physical Fitness and Sports, is "Jogging: Everybody's Right." According to Mr. George Antonelli, 1980 chairman for the event, "this tenth annual event to encourage personal health through Antonelli, 1980 chairman for the event, "this tenth annual event to encourage personal health through safe, enjoyable exercise includes races, fun runs, picnics, sports medicine seminars and clinics, walk-athons, bike races, fitness fairs, and much more." The goal, added Mr. Antonelli, is to encourage as many people as possible to participate in some form of fitness activity and to help ensure them the opportunity to enjoy safe and healthy exercise.

This special NRMC program will be open to all interested health care beneficiaries (active duty and retired) and will feature noted sports medicine lecturer

interested health care beneficiaries (active duty and retired) and will feature noted sports medicine lecturer Dr. Burton Bornstein of Orlando, consulting podiatrist to the University of central Florida (Athletic Dept.) and to numerous sports medicine programs throughout the state of Florida.

The clinic will be held in the Naval Regional Medical Center, William G. Lawson Conference Room, Ward

No. 17, starting at 10 a.m.

For further information, please call the NRMC Podiatry Clinic at 646-4164. For further information about National Jogging Day, you may contact the National Jogging Association, 2420 K Street N.W., Washington D.C. 20037.

















































# MCPON CROW visits NRMCO 23 October 1980



















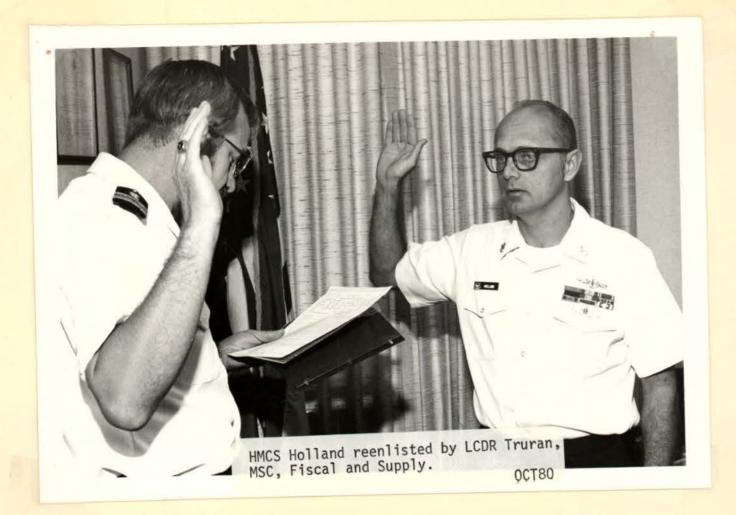


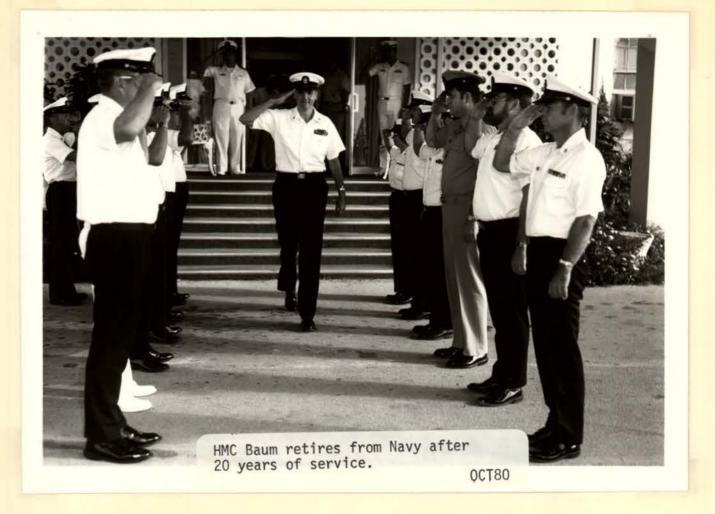
















RADM Barchet, Assistant Chief, Planning and Resources, BUMED, and Capt Rizzi, Chief of Staff for BUMED discuss plans for the new facility with Capt Zimble.

Oct 80











































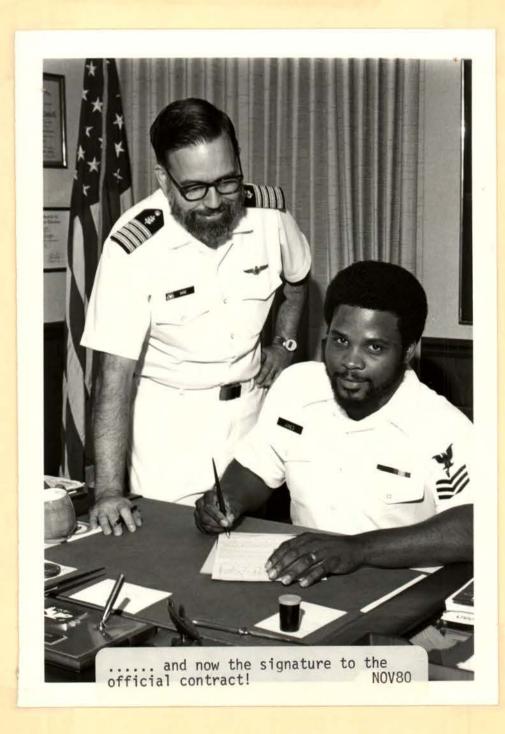














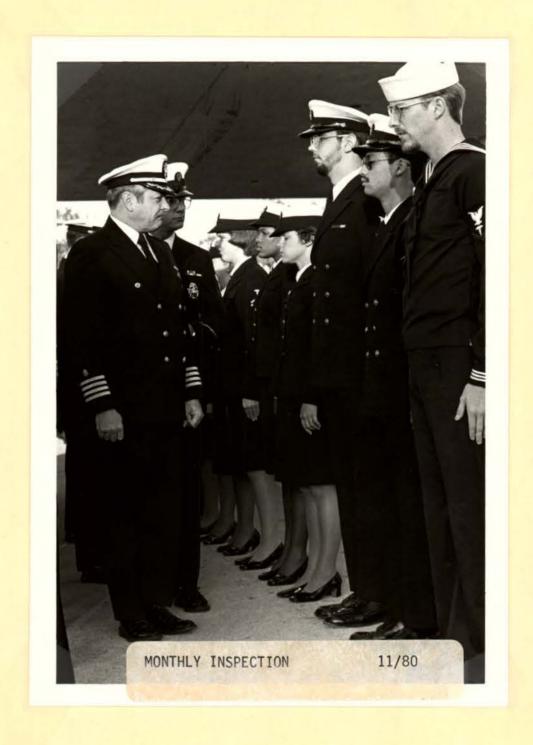








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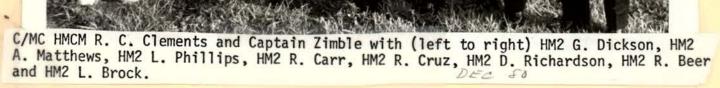






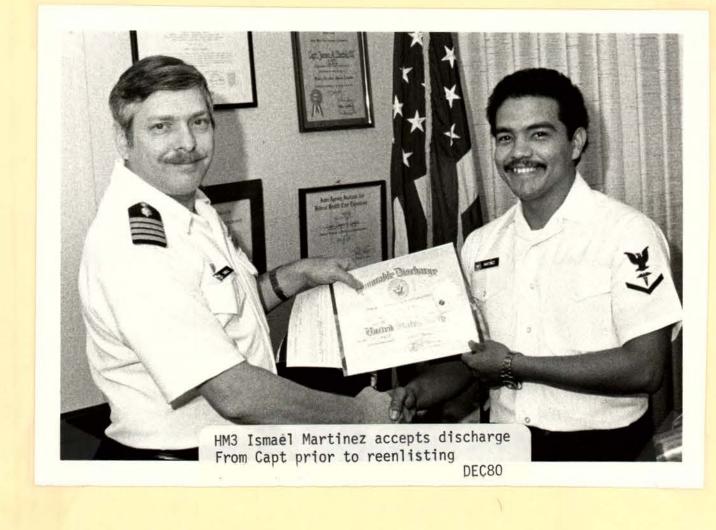






























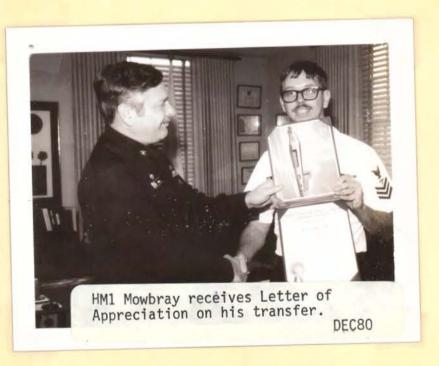
















# ARMCS SANTA Dec 1980



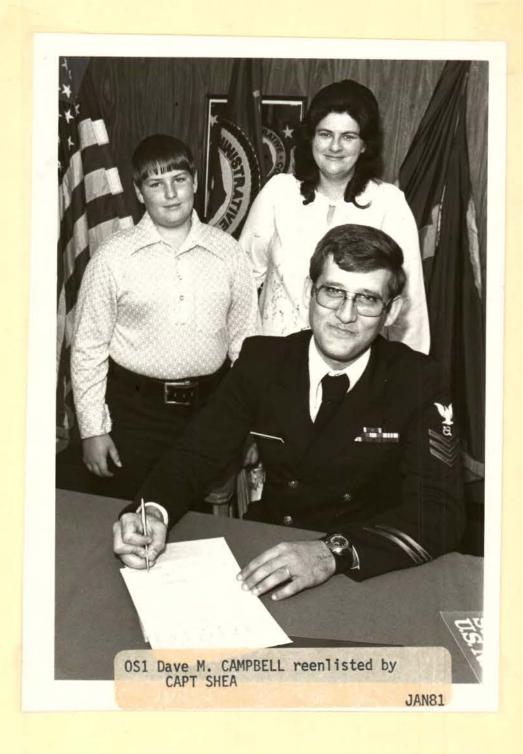


















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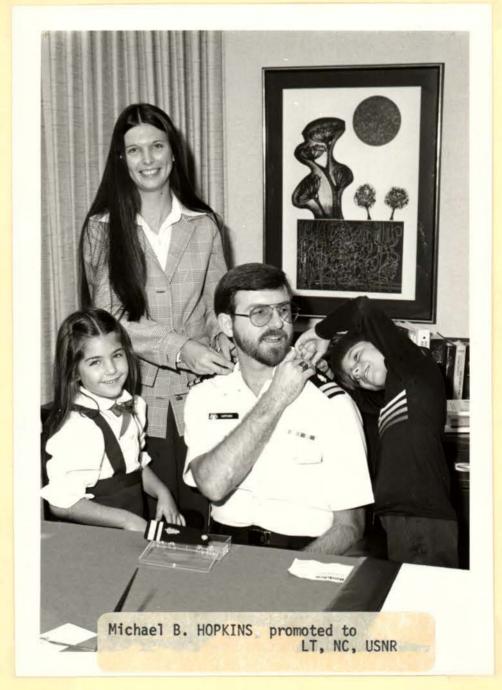










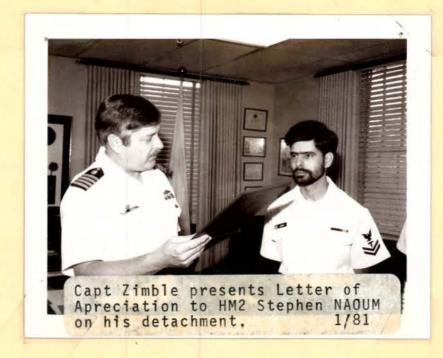




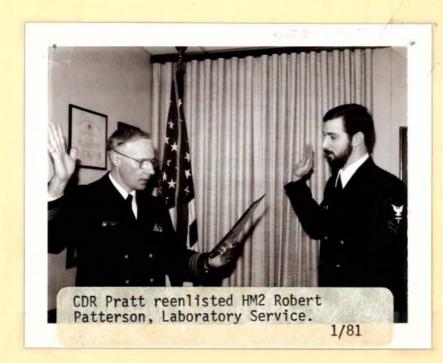


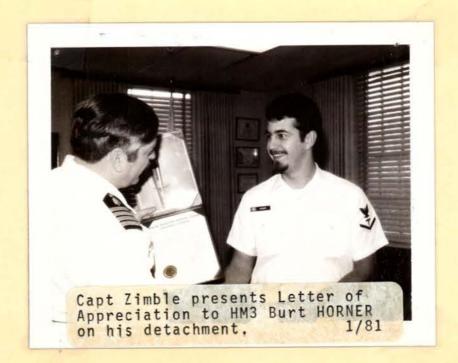












# Nurse Eastland has word for expectant Dads

Morning sickness is not just for expectant mothers anymore.

It's for expectant fathers, too.

And Nurse Susan Eastland wants all Navy Orlando men who might be in a fatherly way to know.

There're a couple of other things Nurse Eastland wants expectant fathers to know about having babies, before they rush out for film and flashbulbs.

That's why she has extended a special welcome to men to attend a series of four Prenatal Classes taught at NRMC's Ward 17 on Tuesday nights.

Nurse Eastland is also Midwife Eastland, and a Lieutenant Commander, Navy Nurse Corps. She is currently assigned to Female Sick Call at the RTC Dispensary. But her first love is babies, and their mommies and daddies, and for that reason she helps out with the prenatal classes.

Actually, morning sickness is just the best known, and most spectacular, subject covered.

Expectant fathers, and mothers, are introduced to other physical changes that occur in a woman's body during pregnancy, and are shown how the baby develops.

The second class is a guided tour of the baby nursery, the labor room, and other stops along the route to parenthood. Attendees also are introduced to available fetal monitoring equipment which might be

Also, during class number two, the importance of the mother's diet and general nutrition is stressed. Labor and delivery are the subjects of the third class, which features a film on the birth of a baby.

Class number four, the last, is devoted to infant care, and is taught by a Navy Relief Society Nurse.

All classes are held on Tuesday evening, 7 to 9 p.m. New classes start on the first Tuesday of each month. Participants can join anywhere along the schedule and attend as many classes as may be desirable.

No reservation is required, but prospective attendees may call Lieutenant Commander Eastland, extension 646-4260, or contact the NRMC baby clinic for details.

Husbands attending class alone may be required to bring a written excuse for their wives.

The

# Nav-a-gator

January 29, 1981, Volume 13, Number 28

U.S. Postage PAID Third Class Bulk Permit No. 373 Orlando, Fla.



#### Base grows with Orlando

By JEFF KUNERTH Sentinel Star

The Orlando Naval Training Center is a boot camp that marches

It's the quiet giant among Central Florida employers. It's the low-profile, landlocked Navy base that has so successfully blended in with the communities surrounding it that the impact of the 1,200-acre military installation and its 875-acre annex near the Orlando International Airport goes largely unnoticed.

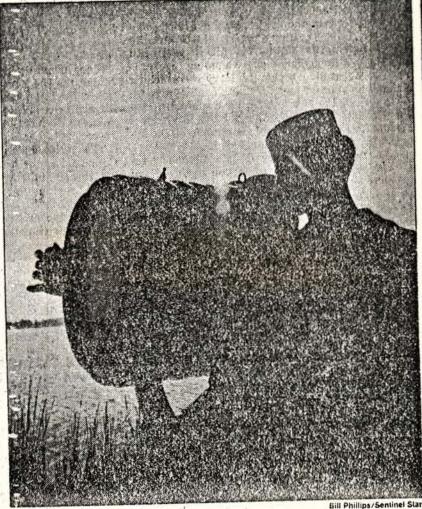
Yet the Naval Training Center with its 15,963 military and civilian personnel is the largest Orlandoarea employer. The training cen-ter's \$133 million 1980 payroll was second only to Martin Marietta with its \$159.4 million payroll.

The Naval Training Center also provides services for the 67,000 retired Navy personnel, their families, and the families of base employees who live within 40 miles of the training center.

Since it graduated the first group of "boots" on Dec. 12, 1968, the Orlando Training Center - one of three in the United States - has graduated nearly 300,000 recruits, enough to populate a city twice the size of Orlando, Winter Park and Maitland combined.

Along with Walt Disney World and the University of Central Florida, the Naval Training Center played an integral part in Orlando's renaissance from a quiet, agriculture-oriented city to one of the fastest growing areas in the nation.

The University of Central Technological University, opened Force decided to abandon the base, Bainbridge to Orlando in 1973 Florida, at that time called Florida



Practicing by Lake Baldwin

... sending signals with searchlight is part of recruit's training.

students in September 1968, one Force Base, in the early 1960s. month before the Naval Training Center. Three years later, Disney opened its gates.

The selection of Orlando by the economy but also saved the facility empty since the transfer of the from certain death when the Air training of women recruits from with an enrollment of 1,900 then known as the Orlando Air

The Navy's decision gave new life to the Orlando base, and killed the now-deserted Bainbridge, Md.,

Naval Training Center. The once-Navy not only spurred the area's bustling Maryland facility has been

Navy, Page 2-C

2-C Sentinel Star, Monday, January 26, 1981 \*

When Congress approved the Navy's selection of Orlando over Bainbridge in 1966, Orlando got the boots and Bainbridge got the boot.

It could have easily gone the other way

In 1963, Capt. Bernard Brender, director of enlistment training for the Navy, inherited the task of determining how to meet the Navy's goal of training 110,000 sailors a year.

"We had three possibilities," Brender said. "One, reactivate Bainbridge. Two, find a third site. Three, incorporate the training into existing Great Lakes and San Diego facilities."

The San Diego and Great Lakes bases were already overcrowded. The Bainbridge facility, its World War II-vintage buildings old and dilapidated, would need complete renovation.

"It boiled down to let's look for a location for a new naval training center. We had to consider economics (how much will it cost?), geography (weatherwise, we looked to the South), and politics (how will we be received in the area we selected?)," Brender said. Being near water was never a priority.

"The kids will see the ocean soon enough and long

enough after naval training," said Brender. Most important to the Navy was finding a place where, instead of shoveling snow all winter, the recruits could be trained outdoors year-round. Brender said they considered naval bases in Biloxi, Miss., and Charleston, S.C., and an old army base in Fort Chaffee, Ark., before visiting Orlando.

Orlando was not entirely unknown to the Navy. In 1964, the 600-person Naval Training Devices Center was moved to the Orlando Air Force Base from Long Island, N.Y., as the Air Force was withdrawing from Orlando.

"I came down and looked at the Orlando Air Force Base, I liked what I saw," Brender said. "We knew the weather was right. We knew the existing buildings (at administrative functions and we would need to concentrate only on building the training center

After meeting with then-Mayor Bob Carr and speaking with Air Force representatives, Brender was convinced Orlando also met the third criteria - community acceptance of the military.

"I reported back that Orlando was our first choice." But George Anders, the project manager for designing the new Naval Training Center, said community support for bringing 30,000 recruits a year into Orlando was not immediately overwhelming.

of establishing another naval training center here, we ties at the base. The latest addition is the \$24 million had to alleviate the fears that this would turn into another Norfolk (Va.). Some thought the Navy down podge of 40-year-old hospital buildings left by the Air here would create an undesirable environment, honky- Force. tonks and things like that," Anders said.

base, you're going to have tattoo parlors and girlie shows and the Navy boys would be running around taking care of the local women.'

Center and liaison between the Navy and Air Force Mathis. during the transfer of the base, said the community encouraged the Navy to sell Orlando leaders on a training center for the city.

There were a lot of people doing some soul searching about whether they wanted a naval training center 16,000 employees. to come to Orlando. But the educational process the Navy did to tell people the difference between a naval port and a training base relieved the fears of many,"

The Navy began a promotional push to assure Orlando residents that at the training center the recruits would be restricted largely to the base. They flew city and civic officials to San Diego to examine the training center there and talk with San Diego and Navy officials.

The result, said Orlando City Commissioner Tom Brownlee, was that the group returned to Orlando unanimously supporting the Navy and determined to avoid the problems of San Diego by retaining the residential zoning around the base.

Still, even with the support of the community, the naval training center almost landed in Bainbridge. "We had one hell of a battle in Congress, believe me, because the Maryland delegation was fighting us,"

But when it came down to a political tug of war, Florida's politicians had more pull. Orlando landed the \$81.7 million naval training center in 1966. Brender was named the first commanding officer of naval re-



the Air Force Base) would take up all the facilities for Recruits take turns handling a variety of duties in Lake Baldwin's mock wheelhouse.

val Training Center Commander.

Community acceptance of the Navy played an important part in the decision to locate in Orlando, but in the end, Anders said, "The selection of Orlando came because it gave us year-round training. Bainbridge didn't afford us that.'

Since construction began in 1966 on the training "When it first came out that the Navy was thinking center, the Navy has spent \$135 million on new facili-Naval Regional Medical Center to replace the hodge-

The yellow-brick buildings built for the Recruit Orlando City Commissioner Donald Crenshaw re- Command by the Navy have a modern, collegiate look, calls, "The early fears were when you open a Navy but the administrative offices remain housed in the squat, rectangular, concrete block, Air Force-era

Inside one of those buildings is the office of the Joe Ball, then head of the Naval Training Devices base's 12th commander in 12 years, Capt. Harry L.

Mathis presides over Recruit Command, the Service had long supported the Air Force and that support School Command, the Naval Administrative Command, and the Personnel Support Activity. His command, which includes the normal contingent of about 5,000 recruits, encompasses about 9,700 of the base's

> Twenty-five other tenants also occupy the base, although not directly under Mathis' command, including the Naval Training Equipment Center (successor to the base's original Navy tenant, the Naval Training Devices Center), the Naval Nuclear Power School, and the Naval Regional Medical Center. The Naval Training Center Annex near the airport provides off-base

After a recruit completes about eight weeks of basic boot training, he or she goes on to apprentice training that people in Orlando were very receptive to the for additional instruction as a seaman, airman, or fire-

man, or to specialist training at a service school. The closest a recruit comes to setting foot aboard a ship is the Bluejacket I, a mock-up of a battleship set in a sea of cement. The closest they come to the sea

and saltwater is a trip to the beach during leave. "What you're really trying to do is take a civilian and prepare him for life aboard ship — the discipline, teamwork, and living under regimentation," said

Mathis. "You don't need to be on the coast to do that." In charge of recruit training is Capt. Lucille R. Kuhn - the first female commanding officer over the consolidated training program for men and women. The Orlando base handles the basic training of all women

cruit training at the base and Ball became the first Na- recruits - usually about 1,000 of the 5,000 trainees at the center - and about a third of the Navy's male

> "In 38 (training) days you don't have much time to turn a civilian into a sailor. We rub off the rough edges, teach them military organization, the chain of command, and hope to motivate them," said Capt. Kuhn. "Many of them have just gotten out of high school. They are bright-eyed and eager, but they don't know much about responsibility. They learn it quickly."

> Capt. Kuhn takes great satisfaction in witnessing their transformation into sailors.

"The first 12 days are the most frantic. They look scared. I tell them it's not going to be easy. We tell them there are no quitters here. They can't just get up and walk away. It'll be fun, it'll be tough, but we don't make it easy," she said.

The only time recruits are allowed off the base is the weekend before they finish their training and the weekend after graduation. Until they reach the rank of petty officers and above, the sailors are required to

wear their uniforms while off the base. Restricting the recruits to the training center and allowing officers to wear civilian clothing during their off-duty hours lessens the Navy's visible impact on Orlando and helps the base blend in with its

surroundings. "They melt right into the community so you don't

see the uniform a lot," said Ball. From the point when the Navy and Orlando leaders united to bring the Naval Training Center to Orlando, the base and the city have supported each other, unlike many "Navy towns" where antagonism exists be-

tween civilian and military personnel. "Orlando has an awfully good reputation in the military," said Capt. Mathis. "When the decision was made in favor of Orlando, the important factor was

Navy coming in." Indicative of the cozy ties between the base and Orlando city officials is the assimilation of Navy personnel into city jobs. Joe Ball worked as the city's purchasing agent for 11 years after his retirement as base commander. Capt. Jack Gillooly, the fifth man to head the training center, went to work with the Greater

Orlando Aviation Authority after his retirement. Brender recalls the nervousness he felt on Dec. 12. 1968 when he watched, with fingers crossed, as the first 350 recruits graduated from the Orlando Naval Training Center.

"I thought, 'By golly, we got the first group through. We're a full-fledged recruit training command."







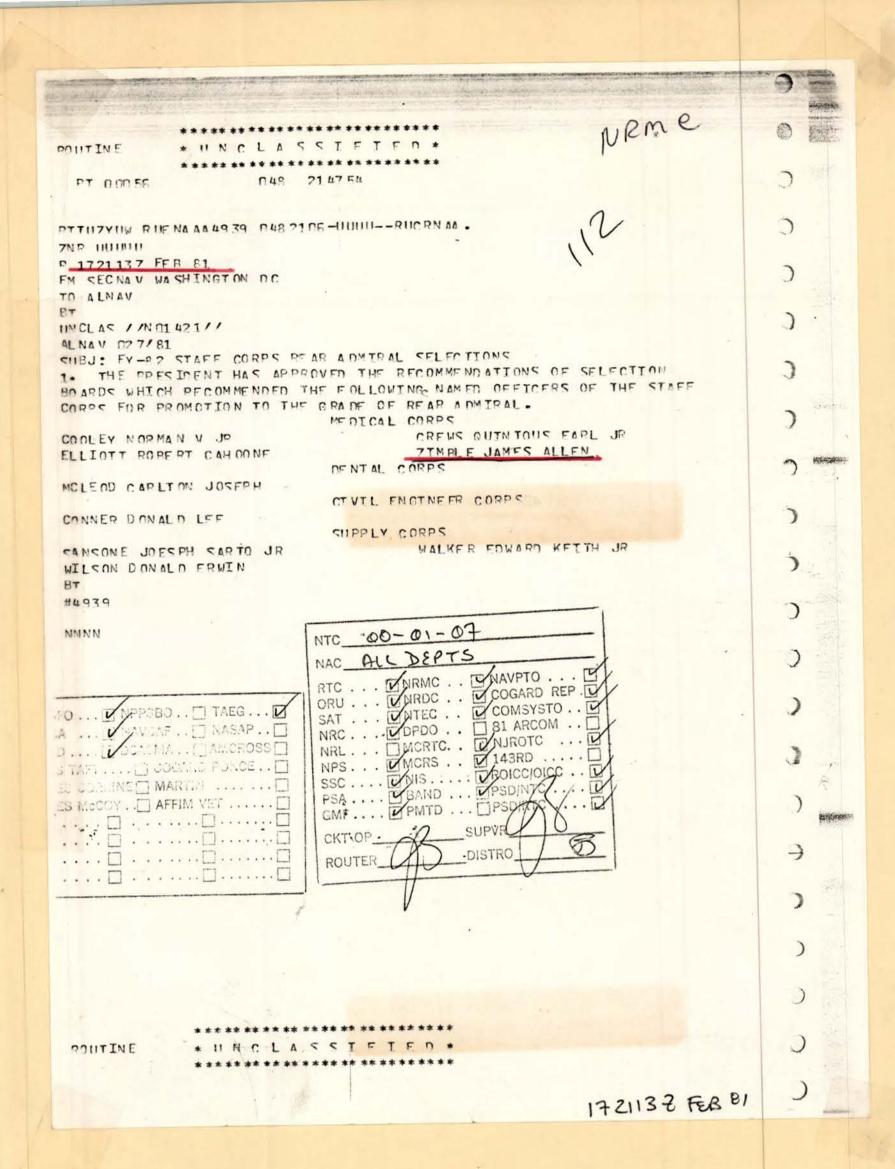














VOL III No. 6 Naval Regional Medical Center, Orlando, Florida

1 March 1981

**How does this sound?** 

#### Rear Admiral J. A. Zimble, MC, USN!

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On 17 February, Captain Zimble received the official word that he had been selected for promotion to Rear Admiral. Members of the staff gathered in the Library to share in this extra-ordinary time of celebration and to offer their congratulations to the new "flag selectee."

Captain Zimble had the chance to try on the "Admiral's hat," inspect the two-star personal pennant, admire the sparkling shoulder boards, and be the official two-star cake cutter.

The Captain does not expect to be frocked to the new grade while he is the Commanding Officer of NRMC but should be upon receipt of orders to his new assignment requiring flag rank.



It fits!

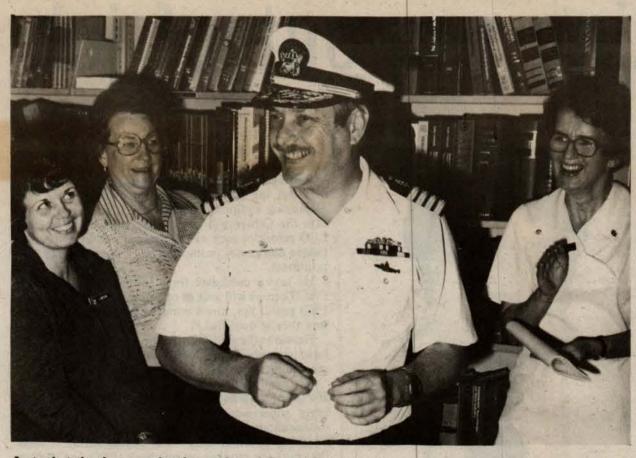


Assisted by the "bull ensign" ENS S. P. Alford. MSC, USN



Check the stars!

Thursday, February 19, 1981 — THE NAV-A-GATOR — Page 5



Just what the doctor ordered, new hat of Rear Admiral is tried on for size by Captain James A. Zimble, commanding officer, Orlando Naval Regional Medical Center, when members of the hospital staff gathered to congratulate the Rear Admiral-selectee Tuesday. Captain Zimble does not expect to be entitled to wear the admiral's insignia while in command of NRMC but will be "frocked" when orders are received to a new assignment requiring officer of flag rank. (Photo by PH1 Rene Hallock)



Rear Admiral-selectee, Captain James A. Zimble, gets a preview of the personal flag he will be entitled to fly over Navy ships and stations once his promotion to Rear Admiral, Medical Corps, U.S. Navy, becomes effective. Flag was procured by staff members and held in readiness for favorable word of selection board results. The good news came Tuesday. (Photo by PH1 Rene Hallock)

# Two stars right Rx for Doctor Zimble

by LCDR Ritch Eich, USNR-R

Sweaty palms, rapid heart beat, pale appearance, and a feeling of faintness are cardinal symptoms frequently reported to physicians.

This time, however, the "patient" was the physician - and the symptoms those of Rear Admiral-selectee, Captain James A. Zimble upon learning of his selection for promotion to flag rank.

Rarely at a loss for words, Dr. Zimble was momentarily speechless as he hung up the phone.

"That's one call from Washington I'll never forget," he said.

Unfortunately for NTC Orlando and the civilian community, Captain Zimble's elevation to flag rank will require his transfer to a new duty station.

"I have some concern professionally," Captain Zimble admitted. "because as a physician I want to stay abreast of the latest advances in medicine. Hopefully, my new billet will be close to a health care facility so I can continue my speciality."

Dr. Zimble is a board-certified obstetrician and

Of the existing 13 flag positions in the Navy Medical Corps, only five are not exclusively administrative

Reflecting on his two-and-a-half years at the helm of NRMC Orlando, Captain Zimble cited his involvement in the new Navy Orlando medical facility as particularly challenging.

The need for new, modern hospitals is particularly crucial, Zimble suggests.

Physicians, he said, need a good medical climate in which to deliver quality, compassionate care in the most efficient manner possible. Well-equipped and well-organized facilities not only serve patients better but also assist the Navy to retain physicians, nurses, and other vital health care professionals, Captain Zimble said.

Zimble's interest in medicine crystalized when he

"My mother and father have total nerve deafness and I wanted to fix their hearing," Captain Zimble explains. "There was never any question I would be anything other than a physician."

Born in Philadelphia and reared in humble Arkansas environs, Zimble accompanied his parents back to Pennsylvania in his teens.

He worked his way through Franklin and Marshall College and joined the Naval Reserve during his freshman year at the University of Pennsylvania School of Medicine in 1956.

As a senior at Penn, Zimble recalls receiving his first Navy paycheck which he used to buy his first car.

As is true in most success stories, several people were influential in Captain Zimble's professional and personal pursuits, and he recalls them with pride and affection.

Of his present staff at the NRMC Orlando, Zimble says, "They really make me look good and they deserve this promotion."

Zimble and his family have truly enjoyed the people of Orlando. The Captain and his eight-year-old son have been active in the Indian Guides program. Captain Zimble also has participated in PTA and

serves on the Orlando Area Chamber of Commerce's Military Affairs Committee. "This has been a sensational command in all

respects," Captain Zimble said. Wherever he is assigned, the future rear admiral says

he will carry the "sands of Orlando" with him.



Captain James A. Zimble, on the prowl around his hospital domain.

#### Selected to Be Rear Admiral

### The Navy Life's for Capt. Zimble

by Gloria Yousha James A. Zimble, MC USN, upon learning that he had been selected to be one of medical corps of the United heard."

Capt. Zimble is a walking, talking commercial for the Navy. He said he "loves everything about the service, especially the high caliber of Navy medicine." He is currently the commanding officer of the Naval Regional Medical Center in Orlando.

The admiral selectee recently returned from a week in Washington, D.C., attending Pentagon briefings by the chief of Naval operations and various senior officers. Together with admiral selectees from all the corps,

Capt. Zimble's Navy career spans 23 years, beginning in 1958, when he joined the reserve program at the University of Pennsylvania Medical School. He learned a lot about Navy medicine during summer vacations working in the Philadelphia Naval Hospital and liked what he learned. He went on to serve his internship at the St. Albans Naval Hospital in New York and intended to follow that with a residency in obstetrics and gynecology.

His plans changed when he

he was filled in on the current doctors to serve "in the line" damaged government "It's a terrific honor and a status of our country's defense so, he said, "I volunteered for great privilege," was the capabilities and the state of the submarine duty." After special excited response of Captain world situation. Capt. Zimble training in submarine He eventually gained back the referred to this experience as medicine, he went two years use of both legs and resumed "charm school," but added, aboard a polaris sub. He his career as chief of O.B. and "there was nothing too eventually did go back to G.Y.N. at a small Naval only 13 rear admirals in the charming about what we obstetrics and gynecology hospital in California. and subsequently served at various Naval medical facilities as a staff O.B.

> His Navy career was successfully on its way, until, in 1970, everything came to a grinding halt with a serious traffic accident. As he was enroute cross country from one assignment to another, Capt. Zimble was hit by a tractor-trailer and both his legs

He spent an entire year as a patient instead of a physician, suffering many set-backs and complications. He likes to joke about this period in his life, he learned that the Navy needed said. "I may have been

property, but I learned that the Navy hires the handicapped."

appointed chief of staff at the Naval Regional Medical Center in Long Beach, Calif. That promotion eventually led him to his Orlando command.

With the new promotion, Capt. Zimble will be moving away from the Orlando area. He said that he, his wife, Janet and son, Daniel, enjoy being a part of the Jewish community but Capt. Zimble "is ready to go wherever the action is."

He doesn't know where that may be, but one thing is sure - Capt. Zimble will be happy as long as the Navy remains



HERITAGE, Florida Jewish News, April 17, 1981, Page 11-A

CAPT. JAMES A ZIMBI

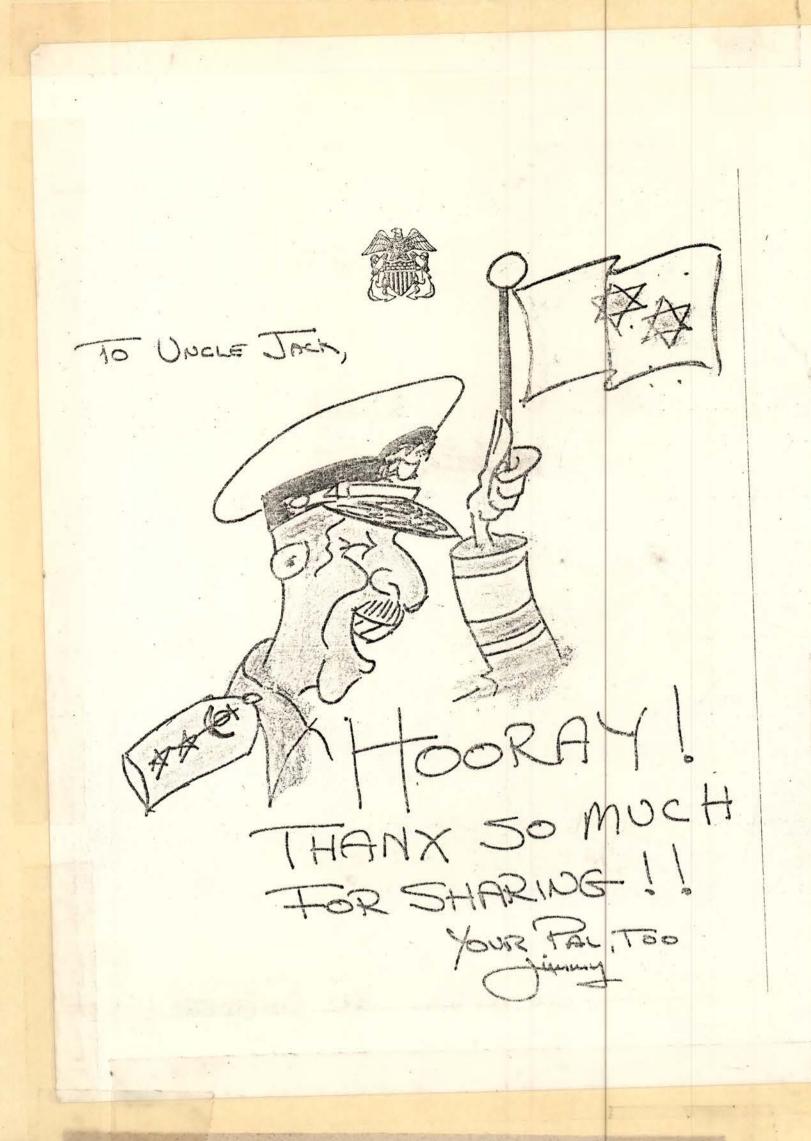
#### How does this sound?

## Rear Admiral J. A. Zimble, MC, USN!









# The Way-a-Sa

February 5, 1981, Volume 13, Number 29



Demolition of Wards 3 and 4 of the old NRMC have begun under the watchful eye of Captain James Zimble, Commanding Officer. As demolition and clearance proceed on the older buildings, all signs are pointing toward an April 23 dedication of the new Navy Orlando medical facility. (Photo by LT Norris Jones, USNR)



Master Chief Brown talks with Hospitalman Beth Spicer, clinical assistant at Recruit Dispensary (above right); and has informal discussion with (from left) HM2 David Pennebaker; HM1 Bogan McQuig; HM2 Eric Olayos; HM3 Carmelo Torres; and HM3 Mikie Grubbs of NRMC, bottom photo.



# Top Corpsman visits

Master Chief Hospital Corpsman Steve Brown, Force Master Chief, Bureau of Medicine and Surgery paid his first official visit to Orlando Naval Regional Medical Center February 23 and 24.

He visited all corpsmen on all shifts and held

He visited all corpsmen on all shifts and held informal briefings and question-and-answer sessions throughout the medical complex. No problems surfaced which merited the attention of Master Chief Brown. Corpsmen and senior officials of the Center were most appreciative of the interest and visibility evident in the visit.

Master Chief Brown formerly was Director of the Hospital Corps of the Navy, a position formerly held by a Navy Captain.

26 February 1981























